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March 31, 2009

Rene Stephens, Bitterroot Home
1411 Falls Avenue East, Suite 703
Twin Falls, ID 83301

Provider #13G022

Dear Ms. Stephens:

On **March 18, 2009**, a complaint survey was conducted at Bitterroot Home. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003991

Allegation #1: The facility is not teaching money management skills to individuals.

Findings: An unannounced onsite complaint investigation was conducted from 3/16/09 to 3/18/09. During that time observations, interviews and record reviews were conducted with the following results:

The Individual Program Plans (IPPs) as well as the Comprehensive Functional Assessments (CFAs) for four (4) individuals residing at the facility were reviewed. All 4 individuals' IPPs identified training related to money management skills. Further, one individual's IPP stated his family requested he purchase only small items such as snacks as he had a tendency to purchase multiple items that he already owned.

An observation was conducted on 3/16/09 from 3:40 - 4:30 p.m. in the facility. During that time, the Facility Manager who was present, was asked about individuals' money management skills. The Facility Manager stated CFAs were completed prior to individuals' IPPs and the team discussed priority needs at the individuals' annual meeting. The Facility Manager stated one individual's family requested he make only small purchases due to his tendency to make purchases of the same items that he already owned.

The financial records for the four (4) individuals from 8/1/08 to 3/1/09 were reviewed and no discrepancies were found between purchases and family requests.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #2: Individuals do not have updated speech assessments and have not received vocational assessments.

Findings: An unannounced onsite complaint investigation was conducted from 3/16/09 to 3/18/09. During that time observations, interviews and record reviews were conducted with the following results:

The Individual Program Plans (IPPs) as well as the speech and vocational assessments for four (4) individuals residing at the facility were reviewed and included the following:

a. The speech assessments of 4 individuals were reviewed. All of the individuals' speech assessments had been completed within the previous year. The individuals' program plans (IPPs) were then reviewed to ensure program consistency based on the assessment information. Of the four 4 assessments and IPPs reviewed, 2 IPPs did not contain specific objectives related to the individuals' identified needs per their speech evaluation recommendations as follows:

One individual's assessment, dated 12/12/08, recommended he "vocalize appropriately for increased communicative appropriateness such as specific vowel/consonant sound he could approximate." However, his IPP did not include specific objectives to address his communication needs. When asked, the Qualified Mental Retardation Professional (QMRP) stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., the individual did not have objectives or training plans related to his communication needs.

Another individual's speech assessment, dated 2/20/09, recommended he use a "flip communication book" as it "would be purposeful for (individual) at this time as he seems to have good recognition of the PEC's pictures and is familiar with them."

An observation was conducted on 3/16/09 from 12:05 - 1:10 p.m. at the day program and from 3:40 - 4:30 p.m. in the facility. During that time, the individual was not noted to have a communication book but used verbal utterances and gestures to communicate. When asked about the communication book, the Facility Manager who was present, stated they had talked about a PECs systems but she was not sure. When asked about a flip communication book, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., that the individual would have one next week.

While all 4 of the individuals reviewed had current speech assessments, the assessment recommendations for 2 individuals had not been implemented. Therefore, the allegation was substantiated and the facility's deficient practice was cited at W227.

b. The vocational assessments and IPPs of 4 individuals were reviewed. Three of the 4 vocational assessments did not include complete, comprehensive information as follows:

One individual's 8/8/05 Vocational Assessment stated "An assessment would need to be done through Vocational Rehabilitation to gage (individual) current vocational skills and determine if he would be a good candidate for job placement. This would help determine appropriate follow through in possible vocational options."

A subsequent Vocational Rehabilitation report, dated 7/11/07, stated the individual had refused to leave the van and therefore the work evaluation was not completed. The report stated "we can always try again." However, no documentation of additional efforts could be found in the individual's record.

His 4/1/08 IPP stated "his family reports past success with employment for short periods of time" but he appeared to become bored with ongoing work. His IPP also stated he did not express a true desire to be employed but did appear to enjoy earning money. Further, he was earning \$.50 each day for shredding at the day program and options of tasks within the facility and the day program were to be explored to ensure he had the "opportunity to work to the level he desires." His IPP stated "As these tasks are developed a vocational assessment will be completed only if necessary. At this time (individual) skills will be derived from this IPP."

The individual's vocational assessment did not include comprehensive information related to his work interests (expression of desired jobs), his work skills specifically related to his desired jobs, specific information related to his boredom for ongoing work or his present and future employment options at the day program, facility, or in the community.

When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., an updated comprehensive vocational assessment had not been completed for the individual.

A second individual's IPP stated in the "Work/Day Program" section that he attended high school during the school year, attended the day program during the summer, and received 1:1 staffing for developmental training. However, the individual was observed at the day program on 3/16/09 from 12:05 - 1:10 p.m.

When asked about the individual attending school, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., the individual did not attend high school and had been attending the day program for years.

The Employment Skills section of the individual's IPP included the following vocational domains and his skill level in each section as follows:

- Job Search: 0% independence.
- Job Performance and Attitudes: 0% independence.
- Employee Relations: 0% independence.
- Job Safety: 0% independence.

The individual did not have a comprehensive vocational assessment reflective of his vocational strengths, needs, and options.

A third individual's Vocational Assessment, dated 6/10/08, stated he expressed no desire to work but if he did desire to pursue vocational interests, "it is recommended that the appropriate direction and supports are secured to ensure that he is given the most successful experience possible." However, the individual's assessment did not include recommendations related to lack of desire to pursue vocational activities.

When asked, the Quality Assurance Manager stated during an interview on 3/18/09 from 8:50 - 10:50 a.m., there were no recommendations related to pursuing vocational activities.

The facility failed to ensure comprehensive vocational assessments had been completed for all individuals. Therefore, the allegation was substantiated and the facility's deficient practice was cited at W225.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Allegation #3: An individual came home wearing a diaper and no one at the facility was aware of it.

Findings: An unannounced onsite complaint investigation was conducted from 3/16/09 to 3/18/09. During that time observations, interviews and record reviews were conducted with the following results:

The Individual Program Plans (IPPs) as well as Quarterly Nursing Assessments for four (4) individuals residing at the facility were reviewed.

Two of the 4 individuals' IPPs documented they (the individuals) wore Attends (incontinence briefs) at all times due to incontinence issues.

The remaining 2 individuals' IPPs did not identify Attends were used.

However, 1 of the 2 individual's Quarterly Nursing Notes, dated 1/17/08, 4/17/08, 7/17/08, 10/30/08, and 1/29/09, stated the individual wore diapers at night per his request and he was not trying to stay dry. When asked, the Quality Assurance Manager stated on 3/17/09 at 4:15 p.m., the statements were not accurate. The Licensed Practical Nurse stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., she asked the RN (the Registered Nurse) who completed the assessments, to remove those statements but it had not yet been completed.

When asked, the Qualified Mental Retardation Professional (QMRP) and Facility Manager both stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., the individual used to take other individuals' Attends but that had not occurred for at least 2 years.

An observation was conducted on 3/16/09 from 12:05 - 1:10 p.m. at the day program and from 3:40 - 4:30 p.m. in the facility. During that time, nine (9) direct care staff were asked about individuals taking items such as Attends from the day program, bringing them to the facility, and taking those items with them on home visits. All staff stated that items that did not belong to the individuals were not taken from the day program or the facility.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #4: The facility is not ensuring individuals' possessions are secure and accounted for, including a communication device which was lost by an individual.

Findings: An unannounced onsite complaint investigation was conducted from 3/16/09 to 3/18/09. During that time observations, interviews and record reviews were conducted with the following results:

The Client Inventories for 4 individuals were reviewed on 3/17/09. When asked, the Facility Manager, who was present, stated Client Inventories were to be updated on a monthly basis. However, 2 inventories were dated 11/08, one inventory was not dated, and the forth individual did not have an inventory of his personal possessions.

When asked, the Facility Manager stated Client Inventories were not checked for accuracy. A random sample of items were selected from one individual's Inventory and compared to the actual items. Discrepancies were noted between the Inventory and actual items. For example, his Inventory documented he had 125 cassette tapes and 119 compact discs (CDs). However, the actual number of cassette tapes and CDs was well below the documented number. The Inventory documented he had 5 boom boxes and 1 stereo. The actual number of boom boxes was 6 and 1 karaoke machine.

The Inventory documented he had 1 suitcase but the actual number was 2.

Further, the individual's Speech-Language Pathology Evaluation report, dated 2/20/09, stated he had an Alpha Talker (a computerized communication device). Additionally, an observation was conducted on 3/16/09 from 12:05 - 1:10 p.m. at the day program and from 3:40 - 4:30 p.m. in the facility. During that time, the individual was not noted to have his Alpha Talker. When asked, present staff stated the individual actually had 2 computerized devices, an Alpha Talker and a Delta Talker, but both devices were broken and un-repairable. The individual's Inventory did not contain documentation of the devices.

Further, the Inventories did not contain any documentation as to the dates items were acquired and dates of disposal.

When asked how individuals' personal possessions were accounted for and kept secure, the Qualified Mental Retardation Professional (QMRP) stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., there was no system other than the Client Inventories.

The facility's system of Client Inventories was not sufficient to ensure individuals' personal possessions were secure and accounted for. Therefore, the allegation was substantiated and the facility's deficient practice was cited at W137.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Allegation #5: Individuals are not going on community outings.

Findings: An unannounced onsite complaint investigation was conducted from 3/16/09 to 3/18/09. During that time observations, interviews and record reviews were conducted with the following results:

The Individual Program Plans (IPPs) for 4 individuals were reviewed. The IPPs included information regarding their choices and interests when participating in community activities. The community integration logs for the same 4 individuals were reviewed and documented the following:

One individual's IPP stated he liked to go into the community and particularly enjoyed bowling, swimming, and bingo. Further, during an observation conducted in the facility on 3/16/09, he was noted to have his own bowling ball and bicycle helmet in his bedroom.

However, his community outing data was review and showed the following monthly activities:

- 11/08: 2 outings (Disney on Ice and bought a soda)
- 12/08: 5 outings (mall, Dollar Store, store, haircut, store)
- 1/09: 1 outing (bowling)
- 2/09: 1 outing (walked to park)
- 3/1/09 - 3/17/09: 5 outings (store, haircut, McDonalds, Dollar Store, store)

During the above noted five month period, the individual participated in 14 community outings. Of those 14 outings, he went bowling only 1 time. There was no documented evidence that he was offered swimming and bingo.

A second individual's IPP, dated 11/21/08, stated he enjoyed movies and popcorn, going out to eat, going for walks, dancing, and swimming. However, his community outing data was review and showed the following monthly activities:

- 11/08: no outings
- 12/08: no outings
- 1/09: 1 outing (bowling)
- 2/09: 1 outing (bowling)
- 3/1/09 - 3/17/09: no outings

During the above noted five month period, the individual participated in 2 community outings. There was no documented evidence that he was offered enjoyable activities as identified in his IPP.

A third individual's IPP, dated 10/23/08, stated he liked van rides, listening to music, going to the movies, and visiting with his nieces and nephew. However, his community outing data, dated 11/08 -3/16/09, showed the following monthly activities:

- 11/08: 2 outings (haircut and Disney on Ice).
- 12/08: 0 outings.
- 1/09: 1 outing (haircut).
- 2/09: 0 outings.
- 3/09: 0 outings.

During the above noted five month period, the individual participated in 3 community outings. Of those 3 outings, he participated in 1 outing involving music.

A fourth individual's IPP, dated 3/1/09, stated he liked going out to dinner, attending regular meetings of community organizations, going to a community education class, and physical activities away from home. However, his community outing data, dated 11/08 - 3/16/09, showed the following monthly activities:

- 11/08: 3 outings (Disney on Ice, haircut, and Best Buy).
- 12/08: 4 outings (Festival of Trees, Applebees, Shopko, and Pizza Hut).
- 1/09: 5 outings (mall, Java Jungle, Fred Myers, Pet Smart, and bowling).
- 2/09: 3 outings (haircut, mall, and shopping).
- 3/09: 1 outing (purchase a soda).

During the above noted five month period, the individual participated in 16 community outings. Of those 16 outings, he went out to eat twice and participated in bowling one time.

When asked, the Qualified Mental Retardation Professional (QMRP) stated during an interview on 3/18/09 from 8:45 - 9:50 a.m., community outings were problematic due to a lack of available drivers.

The facility failed to ensure individuals were provided sufficient numbers of opportunities to participate in preferred community integration activities. Therefore, the allegation was substantiated and the facility's deficient practice was cited at W136.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Allegation #6: The bedroom is too small for an individual and his roommate.

Findings: An unannounced onsite complaint investigation was conducted from 3/16/09 to 3/18/09. During that time observations, interviews and record reviews were conducted with the following results:

An observation was conducted on 3/16/09 from 3:40 - 4:30 p.m. in the facility. During that time, individuals were noted to be in their bedrooms. Four individuals were noted to have their own bedroom and 2 individuals shared a bedroom.

One of the 2 individuals in the shared bedroom was noted to use a wheelchair and his personal possessions were noted to be neatly stored in plastic bins against the wall and in his closet. The second individual's personal possessions were noted to be located at the head of his bed, the side of his bed, and at the end of his bed in addition to his closet.

When asked, the Quality Assurance Manager (QAM) and Facility Manager (FM) both stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., both individuals had shared the bedroom for at least 2 years. When asked, the QAM and FM stated the issue was not that the bedroom was too small, but that the facility needed to look at a functional storage system for the second individual's personal possessions.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #7: The facility wants to reduce the number of training programs for individuals.

Findings: An unannounced onsite complaint investigation was conducted from 3/16/09 to 3/18/09. During that time observations, interviews and record reviews were conducted with the following results:

The Individuals' Program Plans (IPPs) of 4 individuals were reviewed. All 4 of the IPPs did not contain specific objectives related to the individuals' identified needs as follows:

An individual's IPP, dated 4/1/08, did not include specific objectives to address his identified needs. Examples included, but were not limited to, the following:

The individual's speech and occupational therapy evaluations, dated 2/20/09 and 2/2/09 respectively, were also reviewed. The speech evaluation included recommendations that the individual be provided with a "flip communication book" comprised of pictures he could communicate with. The occupational therapy report stated he should be provided with "simple visual schedule" to "assist him with sequencing and task completion." The flip communication book and visual schedule were not observed to be used during observations conducted on 3/16/09 from 12:05 - 1:10 p.m. at the day program and from 3:40 - 4:30 p.m. in the facility. Additionally, objectives related to the use of the flip book and visual schedule were not found in the individual's IPP.

When asked about a flip communication book and visual schedule, the Qualified Mental Retardation Professional (QMRP) stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., the individual would have them next week.

The individual's IPP stated, under the section titled Speech/Language Therapy that he could "benefit from continued programming to address verbalization of words" that he used in his daily life. However, his IPP did not include an objective related to verbalization of words. When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., the individual did not have an objective or training plan related to verbalization.

The individual's record further documented he experienced on going refusals (from 10/1/08 to 1/31/09) for his medications and topical treatments. However, his IPP did not include a specific objective to address his refusals. When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., that the individual did not have an objective or training plan related to refusals.

Additionally, the individual was observed at the day program on 3/16/09 from 12:05 - 1:10 p.m. The individual was noted to be carrying a black computer bag and a plastic shopping bag. The computer bag contained compact discs (CDs) and the plastic grocery bag contained a pair of winter gloves, a charger, a pair of headphones, cassette tapes, a toothbrush, a tube of toothpaste, and multiple loose but folded pages from a magazine.

When asked, a direct care staff who was working with the individual, stated it was typical for the individual to bring his personal possessions to the day program and the problem was getting worse. The staff stated the individual refused to put his belongings in the back of the van; he placed the items at his feet which became an issue for other people getting on and off the van. The staff further stated the individual would not leave his items in the van when they went out in the community.

A second observation was conducted at the day program on 3/17/09 at 9:05 a.m. The individual was noted to be carrying a black computer bag and a plastic shopping bag. Both bags contained the same items as the previous day. In addition, he was carrying his lunch bag and a 52 ounce insulated mug.

The individual's QMRP Review Notes, dated 9/08, stated "(individual) also will bring a bag to Day Program and he would not leave it at (day program) or in the van when going out in the community and when this happens (individual) will refuse to work on a program." A QMRP Review Note, dated 1/09, stated "(individual) refused to work on this program (individual) brought a guitar from home and would not put it away and work on this program."

However, the individual's IPP did not include a specific objective to address taking personal possessions to the day program. When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., that the individual did not have an objective or training plan related to taking personal possessions to work.

A second individual's IPP, dated 3/1/09, did not include specific objectives to address his identified needs as follows:

The individual's IPP included an objective which stated he would come to the table to eat his meals.

When asked, the Facility Manager stated during an interview on 3/18/08 from 8:45 - 9:50 a.m., coming to the table to eat was more of a choice for the individual and that he usually arrived with 5 - 10 minutes. However, his IPP stated he required prompting to ask for food to be passed to him. His IPP did not contain a specific objective related to asking for food.

The individual's Vocational Assessment, dated 6/10/08 stated he expressed no desire to work but if he did desire to pursue vocational interests, "it is recommended that the appropriate direction and supports are secured to ensure that he is given the most successful experience possible." However, the individual's IPP did not include the vocational evaluation information or interventions related to his lack of desire to work. When asked on 3/18/09 at 9:20 a.m., the QMRP stated he did not have any vocational objectives.

The individual's Physical Therapy Evaluation, dated 2/21/08, stated he had a new arm brace but did not like to wear it. The therapist recommended he wear it for 1 hour each day and increase it by 15 minutes each month. However, the individual did not have an objective to wear the brace. When asked how long the individual was to wear the brace, the Facility Manager stated on 3/17/09 at 11:50 a.m., he was to wear it for 30 minutes a day.

Further, the individual's 2/9/09 Comprehensive Functional Assessment (CFA) identified several need areas for which which no objectives were developed in his IPP. Examples included, but were not limited to, the following:

- Home Safety: His CFA identified need areas which included telling someone where he was going, open the door only for familiar people, etc. However, his IPP stated there were no prioritized needs as "Most of the skills in this area are the responsibility of the staff."
- Home Leisure: His CFA identified need areas which included completing a puzzle, following directions to complete a project, try new leisure activities at home, etc. However, his IPP stated "There are no needs in this area at this time."
- Meal Planning and Preparation: His CFA identified need areas which included putting food in the refrigerator, washing and drying hands before handling food, etc. However, his IPP stated "There are no prioritized needs at this time."

The second individual's IPP did not include specific objectives to address the above noted needs. When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., the individual did not have objectives or training plans to address the above noted needs.

A third individual's IPP, dated 11/21/08, did not include specific objectives to address his identified needs as follows:

The individual's IPP included a behavior plan related to biting his hand. However, his program book at the facility included a form titled "Challenging Behavior." The form listed 10 maladaptive behaviors including biting others, pulling hair, throwing self to ground, crying, banging his head on the floor or wall, pushing, grabbing others, and spitting. When asked, the Facility Manager stated on 3/17/09 at approximately 11:45 a.m., the maladaptive behaviors were of concern and staff were tracking them. However, the individual's IPP did not include specific objectives to address the maladaptive behaviors. When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., that the individual did not have objectives or training plans to address the maladaptive behaviors.

The "Behaviors" section of his IPP stated he engaged in biting himself, pulling other people's hair, screaming, clinging, self stimulatory behaviors and licking objects. His subsequent Occupational Therapy Evaluation report, dated 12/4/08, stated he had difficulty with sensory processing and would engage in "screaming, jumping, hand flapping, biting fingers, pulling hair, putting fingers in others' mouths and rocking." The report included recommendations to provide the individual with a "variety of sensory information to meet his needs" such as calming music through head phones, deep pressure therapy, multi-texture toys, a weighted blanket or vest, and participating in rhythmic, predictable activities such as dancing and clapping games. The report also stated he may benefit from slow rhythmic swinging. However, the individual's IPP was not updated to include the evaluation information and no specific objectives related to sensory needs could be found. When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., the individual did not have objectives developed for his sensory needs.

The individual's Speech Evaluation, dated 12/12/08, stated he presented with a non-verbal form of communication and included recommendations to use (Picture Exchange System) PECs and approximate signs. The report also stated staff should continue to cue the individual to "vocalize appropriately for increased communicative appropriateness such as a specific vowel/consonant sound he could approximate." However, the individual's IPP did not include specific objectives to address his communication needs. When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., the individual did not have objectives or training plans related to communication.

Further, the individual's 11/3/08 CFA identified several needs for which no objectives were developed in his IPP.

Examples included, but were not limited to, the following:

- Clothing Care: His CFA identified need areas which included putting dirty clothes in a hamper, putting shoes away, and hanging clothes in closet, etc. However his IPP stated "No prioritized needs are identified for this area at the time of this assessment."
- Meal Planning and Preparation: His CFA identified need areas which included scooping food from a jar, making a simple snack, clear dishes from table, etc. However, his IPP stated "(individual) does not have any priority needs at this time."
- Home Cleaning and Organization: His CFA identified need areas which included picking up litter and throwing it away, picking up items off the floor, putting away small household items, etc. However, his IPP stated "(individual) does not have any priority needs in this area at this time."
- Home Safety: His CFA identified need areas which included following directions from a person during an emergency. However, his IPP stated "(individual) is able to complete a few skills independently. He requires staff supervision and monitoring to ensure his safety within the home. There are no needs at this time."
- Home Leisure: His CFA identified need areas which included selecting something to do at home when given a choice, looking at books or magazines, participating in home activities or projects other than watching movies and listening to music, etc. However, his IPP stated "There are no identified priority needs for this area at the time of this assessment."
- Money Management and Shopping: His CFA identified need areas which included paying for items, carrying purchased items, etc. However, his IPP stated "There are no priority needs for (individual) at this time."
- Community Safety: His CFA identified need areas which included walking around obstacles, checking for traffic before crossing, looking both directions before crossing, staying with group, fastening his seat belt, etc. However, his IPP stated "No prioritized needs are identified for this area at the time."
- Community Leisure: His CFA identified need areas which included engaging in one or more physical activities for fun, selecting and attending community events, etc. However, his IPP stated "There are no priority needs in this area."
- Community Participation: His CFA identified need areas which included ordering a meal in a restaurant, going into the appropriate restroom, etc. However, his IPP stated "(individual) does not have any priority needs at this time."

The individual's IPP did not include specific objectives to address the above noted needs. When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., the individual did not have objectives or training plans to address the above noted needs.

A fourth individual's IPP, dated 10/23/08, did not include specific objectives to address his identified needs as follows:

Under the Socialization section of the IPP, it stated the individual was able to make noises to get the attention of others and choose people he wanted to interact with. The individual's Speech Evaluation, dated 1/9/09, included a recommendation that staff should encourage him to "vocalize at times of alertness for needs and wants during an activity and/or mealtime." However, no specific objectives related to vocalizing his wants or needs could be found in his IPP. When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., the individual did not have objectives developed for his socialization needs.

The facility failed to ensure objectives and training plans were developed to address the individuals' identified needs. Therefore, the allegation was substantiated and the facility's deficient practice was cited at W227.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Allegation #8: Guardians are not receiving routine updates and medication changes have been made without the knowledge or approval of the guardians.

Findings: An unannounced onsite complaint investigation was conducted from 3/16/09 to 3/18/09. During that time observations, interviews and record reviews were conducted with the following results:

When asked how often parents/legal guardians were updated on individuals' status, the Facility Manager stated on 3/17/09 at 12:00 p.m., it depended on what they (the parents/legal guardians) requested upon admission.

When asked how the facility kept parents/legal guardians informed of individuals' status, the Facility Manager stated the nurse notified parents/legal guardians about medical changes, the Qualified Mental Retardation Professional (QMRP) and Quality Assurance Manager used to notify parents/legal guardians on programming issues and room changes, and she (the Facility Manager) used to notify parents/legal guardians of significant events that were identified in incident reports.

The Facility Manager stated on 3/17/09 at 12:00 p.m., that at the end of 2/09, she was given a list of topics she was to follow when updating individuals' parents/legal guardians. The Facility Manager stated she was going to complete and e-mail monthly program data summaries to the parents/guardians of 2 individuals and she fairly consistently called or saw the parents/guardians of the other 4 individuals residing in the facility.

However, when asked about parents/legal guardians being kept informed of individuals' status, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., parents/legal guardians were to receive weekly updates and it was the Facility Manager's responsibility. The QMRP provided the survey team with the list of topics that were to be discussed during those updates. The list was undated and the topics included health, important events, "stuff", social and day programming. The list did not include topics related to progress and regression or financial status.

Further, when asked about the topic of health, the Facility Manager, who was present during the above noted interview, stated she did not have access to the medical record. The Licensed Practical Nurse (LPN), who was also present during the interview, stated she only notified those parents/legal guardians who requested such information.

The facility's system for notifying the individuals' parents/legal guardians of events was not sufficiently developed to ensure parents/legal guardians were kept informed per their requests. For example, one individual's record showed he was admitted to the facility on 4/13/05 and his guardian contact information, dated 4/5/05, showed his guardian wanted to be updated on a monthly basis via e-mail or phone. When asked about monthly updates to the individual's guardian, the Facility Manager stated they had not occurred. The Facility Manager stated she sent an e-mail to the individual's guardian last week to verify a telephone number.

When asked about the monthly updates to the individual's guardian, the LPN stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., the only contact she made was an e-mail on 3/3/09 informing the individual's guardian that a new acne medication was being started. However, there was no documented evidence that the guardian had been notified prior to the change taking place. When asked, the QMRP, who was present during the interview, stated the only contact he made was an e-mail on 12/22/08 to introduce himself as the QMRP.

The Quality Assurance Manager, who was also present during the interview, provided the survey team with 3 e-mails she had sent to the individual's guardian. One e-mail, dated 6/30/08, was related to a picture of the individual singing at a summer party. The second e-mail, dated 2/10/09, was related to setting up a phone conference.

The third e-mail, dated 2/12/09, was related to setting a date for the annual IPP, information on sebaceous cysts, swimming, Special Olympic games, setting an appointment for a speech evaluation, and a bruise that occurred when the individual was out of the facility.

There was no documented evidence that the individual's guardian received monthly updates as requested. Additionally, the correspondence that was sent to his guardian did not contain comprehensive information related to his status.

The facility failed to ensure a system was developed to ensure individuals' parents/legal guardians routinely received comprehensive information related to individuals' progress and regression, medical status, behavioral status, nutritional status, social status, financial status, and community integration activities, per request. Therefore, the allegation was substantiated and the facility's deficient practice was cited at W148.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Allegation #9: An individual is starting to lie.

Findings: An unannounced onsite complaint investigation was conducted from 3/16/09 to 3/18/09. During that time observations, interviews and record reviews were conducted with the following results:

The Individual Program Plans (IPPs) for 4 individuals were reviewed. There was no indication that any of the individuals engaged in lying behavior. When asked, the Facility Manager stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., new or emerging behaviors were documented on the individuals' Challenging Behavior forms.

The 4 individuals' "Challenging Behaviors" form and QMRP Review Notes were reviewed. There was no documented evidence that any of the individuals engaged in lying behavior.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Rene Stephens
March 31, 2009
Page 17 of 17

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,



MONICA WILLIAMS
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MW/mlw



IDAHO DEPARTMENT OF
HEALTH & WELFARE

COPY

C. L. "BUTCH" OTTER, GOVERNOR
RICHARD M. ARMSTRONG, DIRECTOR

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P.O. Box 83720
Boise, Idaho 83720-0036
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March 31, 2009

Rene Stephens
Bitterroot Home
1411 Falls Avenue East, Suite 703
Twin Falls, ID 83301

RE: Bitterroot Home, provider #13G022

Dear Ms. Stephens:

This is to advise you of the findings of the complaint survey of Bitterroot Home, which was conducted on March 18, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

Rene Stephens
March 31, 2009
Page 2 of 2

42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **April 13, 2009**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

This request must be received by April 13, 2009. If a request for informal dispute resolution is received after April 13, 2009, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



MONICA WILLIAMS
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MW/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/18/2009
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W 000	INITIAL COMMENTS The following deficiencies were cited during your complaint investigation. The surveyors conducting your survey were: Monica Williams, QMRP, Team Leader Sherri Case, LSW, QMRP Common abbreviations/words used in this report are: ADL - Activity of Daily Living CFA - Comprehensive Functional Assessment FM - Facility Manager IDT - Interdisciplinary Team IPP - Individual Program Plan LPN - Licensed Practical Nurse MAR - Medication Administration Record PECs - Picture Exchange Communication QAM - Quality Assurance Manager QMRP - Qualified Mental Retardation Professional RN - Registered Nurse VNS - Vagal Nerve Stimulator	W 000	<div style="text-align: center;"> <p>RECEIVED</p> <p>MAY 08 2009</p> <p>FACILITY STANDARDS</p> </div>		
W 111	483.410(c)(1) CLIENT RECORDS The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to maintain a record keeping system that contained accurate and consistent information for 4 of 4 individuals (Individuals #1 - #4) whose records were reviewed. This resulted in a lack of consistent information being available. The	W 111			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kene Stephens

Administrator

4/21/09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 111	<p>Continued From page 1 findings include:</p> <p>1. Individual #1's IPP, dated 4/1/08, documented a 33 year old male diagnosed with severe mental retardation and cerebral palsy.</p> <p>A Nursing Note, dated 1/5/09, documented Loratadine 10 mg PRN was prescribed for Individual #1's allergies. However, his Physician Orders, dated 1/19/09, showed Allegra 180 mg PRN was used for allergies.</p> <p>When asked, the LPN stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., Allegra should have been deleted and replaced with Loratadine, and it was an oversight. The LPN confirmed Physician Orders were typed by nursing personnel and then signed by the doctor.</p> <p>Additionally, Individual #1's MAR, dated 1/09, did not show Allegra was discontinued and replaced with Loratadine on 1/5/09. When asked, the LPN stated during the above noted interview, Individual #1's 1/09 MAR was not updated to reflect the medication change.</p> <p>Additionally, Individual #1's Quarterly Nursing Notes, dated 1/17/08, 4/17/08, 7/17/08, 10/30/08, and 1/29/09, all stated Individual #1 wore diapers at night per his request and he was not trying to stay dry.</p> <p>When asked, the QAM stated on 3/17/09 at 4:15 p.m., the statements were not accurate. The LPN stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., she asked the RN (who completed the assessments) to remove those statements but it had not yet been completed.</p>	W 111	<p>W111: Physicians Orders will be reconciled with established documents to ensure that treatment is consistent with all physicians' directives, nursing notes and orders. Medication Reduction Plans have been corrected so that they are consistent with established written Physician's Orders. Additional QA reviews of nursing binders will be completed quarterly so that if there are errors they will be identified and corrected. LPN will review RN notes to ensure that information is correct before being signed and filed as a document. Med Reduction Plans will be QA'd by QMRP and QA Manager quarterly to ensure that all established documents are congruent. Quarterly QA reviews with direct nursing review of what orders are given or transcribed will be done so that any errors are corrected before being established. QMRP with QA Manager, Facility Managers will review what is documented to ensure that there is a continuum of consistent information and there is a developed vocational assessment. DOC: 4/20/09 Responsible: QMRP with QA Manager, Facility Managers</p>		

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W 111	<p>Continued From page 2</p> <p>2. Individual #3's IPP, dated 11/21/08, documented a 27 year old male diagnosed with severe mental retardation, autism, and seizure disorder. He was admitted to the facility on 10/22/08.</p> <p>Individual #3's admitting Physical examination, dated 10/21/08, documented he received Zoloft (an antidepressant drug) 50 mg in the morning and 75 mg at night. However, his Physician Orders, dated 10/21/08 and 1/19/09, showed he received Zoloft 75 mg in the morning and 50 mg at night. When asked, the LPN stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., she was not aware of the discrepancy until the survey team questioned the conflicting orders.</p> <p>Additionally, Individual #3's Medication Reduction Plan, dated 11/08, documented he received Prozac (an antidepressant drug) for maladaptive behavior related to autism. However, his Physician Orders, dated 10/21/08 and 1/19/09, did not include Prozac but showed he received Zoloft for his maladaptive behavior related to autism. When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., Individual #3 received Zoloft and not Prozac, and it was a typo.</p> <p>Individual #3 was observed at the day program on 3/16/09 from 12:05 - 1:10 p.m. However, his 11/21/08 IPP stated he attended a local high school during the school year and a day program during the summer. Additionally, his Vocational Assessment, dated 11/3/08, stated he would continue to develop pre-employment skills through an IEP at school. However, under the section of the vocational assessment titled Present and Future Job Opportunities, it stated he</p>	W 111			

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W 111	Continued From page 3 attended the day program on a full time basis. When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., Individual #3 did not attend high school and had been attending the day program for years. The facility failed to ensure Individual #1 and Individual #3's records contained accurate and consistent information. 3. Refer to W260 as it relates to the facility's failure to ensure Individual #1 - #4s' IPPs were updated as necessary to ensure they were reflective of the individuals' current status and needs.	W 111			
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure outside services met the needs for 2 of 6 individuals (Individuals #2 and #4) who attended an off-site day treatment program. This resulted in the outside services not being sufficiently coordinated to consistently meet individuals' medical and emotional needs. The findings include: 1. Individual #4's IPP, dated 10/23/08, documented a 28 year old male diagnosed with severe mental retardation, seizure disorder, and he had a VNS. He attended a day program from 9:00 a.m. - 3:00 p.m., Monday through Friday.	W 120			

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W 120	<p>Continued From page 4</p> <p>a. An observation was conducted at the day program on 3/16/09 from 12:05 - 1:10 p.m. During that time, Individual #4's program book was reviewed and contained an IPP dated 11/1/07. When asked, present staff stated the 11/1/07 IPP was the current IPP for Individual #4. His 10/23/08 IPP could not be found in his program book.</p> <p>b. Individual #4's program book contained a protocol for his VNS titled "Guideline For Using The Magnet." His "Guideline For Using The Magnet", dated 6/11/04, stated staff were to place the magnet at the edge of the Pulse Generator at the beginning of a seizure and slowly move it across the Generator for 2-3 seconds. If there was no response, staff were to use the magnet again. If there still was no response, staff were to continue using the magnet every 15 seconds until the seizure stopped.</p> <p>An Incident Report, dated 3/4/09 at 10:20 a.m., documented Individual #4 stopped breathing for 45 seconds, turned blue, was limp and not responsive while at the day program. The Report stated the day program staff requested a co-worker stay with Individual #4 while she went to get help. The Report stated staff called the LPN who informed the staff that the incident was a seizure.</p> <p>However, Individual #4's Seizure Tracking Sheet for 3/4/09 at 10:20 a.m., showed his VNS was not used during the 45 second seizure. Individual #4's Seizure Tracking Sheets from the day program also documented the following:</p> <p>- 1/09: his VNS was not used during 6 of 21</p>	W 120	<p>W120: Vagus Nerve Stimulation training was delivered by LPN on 03/20/09 for all staff working with individual #4. All persons who work with individual #4 were instructed with detailed information to ensure consistent practice of the use of the Vagus Nerve Stimulation device, tracking sheet, and the follow up documentation. Documentation for individual #2 pertaining to seizure disorder is in place and will be maintained. Documentation pertaining to the passing of his father and any additional expression of emotions has been disseminated to the staff. Forms to document these events have been produced and are in place. Specific training to this situation has been conducted and staff proficiency with established training has been documented. All individuals with identified history with regard to documentation of traumatic events will have established protocols in place. Staff will be trained to respond in a timely fashion to identified needs. All medical and mental health protocols will be documented. This protocol will be included in the medical portion of the new employee in-service and documented. Mock surveys will be done on a trial basis to identify these issues. These mock surveys will be completed by the QMRP, QAM and will take place randomly, or as needed, over the year to cover all residents in the homes. Protocols will be reviewed periodically on paper and in practice to ensure compliance. DOC: 4/20/09 Responsible: QMRP with QA Manager, LPN</p>		

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W 120	<p>Continued From page 5</p> <p>seizures.</p> <p>- 2/09: his VNS was not used during 2 of 25 seizures and stated "unknown" related to the use of his VNS during 2 additional seizures.</p> <p>- 3/1/09 through 3/13/09: his VNS was not used during 3 of 11 seizures.</p> <p>During an observation conducted at the day program on 3/16/09 from 12:05 - 1:10 p.m., the staff person working with Individual #4 stated she had worked at the day program for about 5 years. When asked about Individual #4's VNS, she stated she did not know what a VNS was. The staff stated a magnet was used when Individual #4 had a seizure and if the seizure did not stop, she was to repeat the process every 3 seconds until the seizure stopped. When asked, the staff stated she had not seen written instructions for the magnet. A second staff who worked with Individual #4 at the day program stated if Individual #4 had a seizure, the magnet was swiped and if the seizure did not stop, the process was repeated every 3 seconds until the seizure stopped.</p> <p>When asked, the Day Program Coordinator, who was present during the observation, stated Individual #4 had a protocol for the VNS and proceeded to inform the survey team that it consisted of using the magnet every 3 seconds until the seizure stopped. When asked about the conflicting information (3 seconds versus 15 seconds), she stated they had a "verbal" protocol.</p> <p>When asked, the LPN stated on 3/17/09 at 1:50 p.m., Individual #4's 6/11/04 guidelines for the use of the magnet were accurate and staff were to wait 15 seconds if Individual #4's seizures continued. When asked about staff training, the</p>	W 120			

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W 120	<p>Continued From page 6</p> <p>LPN stated she had not trained the day program staff Individual #4's seizures or his guidelines for using the magnet. The LPN stated she was not aware day program staff were not consistently using the magnet and were not following his guidelines.</p> <p>c. During an observation at the day program on 3/16/09 at 12:35 a.m., a staff person was noted to inform Individual #4 that it was time to eat lunch. Individual #4's lunch items were noted to be on a table nearby. The staff person secured a chuck (an incontinence pad) around Individual #4's neck and proceeded to feed him.</p> <p>When asked, the Day Program Coordinator stated on 3/16/09 at 12:50 p.m., they used chucks to protect Individual #4's clothes. When asked, she stated she did not know if clothing protectors had been requested from the home. She stated communication logs were used to communicate between the day program staff and the home staff. Individual #4's communication log, dated 1/09 - 3/16/09, was reviewed and did not contain evidence that clothing protectors had been requested.</p> <p>The facility failed to ensure services were sufficiently coordinated with the day program such that updated information was available to staff, staff were informed of Individual #4's seizure disorder and trained on the use of his VNS, and that clothing protectors were available to ensure his clothes were protected from food spills.</p> <p>2. Individual #2's IPP, dated 3/1/09, documented a 22 year old male diagnosed with moderate mental retardation, cerebral palsy, and a seizure</p>	W 120			

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W 120	<p>Continued From page 7</p> <p>disorder. Individual #2 attended a day program from 9:00 a.m. - 3:00 p.m., Monday through Friday.</p> <p>a. Individual #2's IPP documented contact with his father was maintained by going out to dinner a few times each month and regular telephone calls. Individual #2's relationship with his father was well documented in his 1/11/08 Speech Language Pathology Evaluation which stated "He appeared excited and talked frequently about an outing he was going to attend with his dad and his brother's friend. This was a reoccurring theme throughout the evaluation."</p> <p>The facility's Medication Administration Record book was reviewed on 3/17/09. The book contained a Memorandum, dated 2/25/09, which stated Individual #2's father passed away on 2/9/09. The memo stated "This type of life changing event can manifest various signs of stress. Please support [Individual #2] following these guidelines." The memo listed 5 "signals" staff were to be aware of and 10 "responses" staff were to follow if they observed one of the signals. There were 5 facility staff signatures at the bottom of the memo.</p> <p>When asked, the FM stated on 3/18/09 at approximately 9:00 a.m., the signals identified in the memo were not being tracked for Individual #2. When asked, the FM stated day program staff had not been trained on Individual #2's signals and had not received any training on the grief process.</p> <p>b. An Incident Report, dated 1/6/09 at 12:15 p.m., stated Individual #2 leaned to the left side of his wheelchair, was assisted to sit up, and went limp</p>	W 120			

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W 120	Continued From page 8 and leaned to the left side of his chair a second time. The report showed the day program staff person asked a second day program staff if Individual #2 had seizures and was told no. The second staff stayed with Individual #2 while the first staff called the FM. The second staff documented Individual #2 became stiff, his body jerked, and he made a "funny face." An observation was conducted at the day program on 3/16/09 from 12:05 - 1:10 p.m. During that time, Individual #2's program book was reviewed and contained an IPP dated 3/1/08. When asked, present staff stated the 3/1/08 IPP was the current IPP for Individual #2. Further, when asked, the staff person who was working with Individual #2 stated she did not know if he had seizures. The staff person stated if he did, it would be in his program book. The staff person stated she had not been trained on seizure disorders. A second staff person was interviewed and stated she had never seen Individual #2 have a seizure but she had been told he did. The second staff stated she had some "general" training on seizures about 5 or 6 years ago. The facility failed to ensure services were sufficiently coordinated with the day program such that updated information was available to staff, staff were informed of Individual #2's signals of grief and appropriate staff responses as identified in the memo, and that day program staff were trained on his seizure disorder.	W 120			
W 136	483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social,	W 136			

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W 136	<p>Continued From page 9</p> <p>religious, and community group activities.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure individuals were offered the opportunity to participate in social, religious, and community integration activities for 4 of 4 individuals (Individuals #1 - #4) whose community integration data was reviewed. This resulted in a lack of community opportunities and a variety of choices for the individuals. The findings include:</p> <p>1. Individual #1's IPP, dated 4/1/08, documented a 33 year old male diagnosed with severe mental retardation and cerebral palsy.</p> <p>His IPP stated he liked to go into the community and particularly enjoyed bowling, swimming, and bingo. Further, during an observation conducted in the facility on 3/16/09, he was noted to have his own bowling ball and bicycle helmet in his bedroom.</p> <p>However, his community outing data was review and showed the following monthly activities:</p> <ul style="list-style-type: none"> - 11/08: 2 outings (Disney on Ice and bought a soda) - 12/08: 5 outings (mall, Dollar Store, store, haircut, store) - 1/09: 1 outing (bowling) - 2/09: 1 outing (walked to park) - 3/1/09 - 3/17/09: 5 outings (store, haircut, 	W 136	<p>W136:</p> <p>This issue was identified prior to the Survey Event. This item was being actively addressed via discussion during Facility Meetings (10/28/08), (01/23/09), (2/20/09), and (03/20/09). Facility Manager guaranteed that the number of family contacts would increase. There was no corresponding improvement in performance and has resulted in changes to staffing to help facilitate increased client access to the community.</p> <p>We have replaced the Facility Manager. Direct involvement of the QMRP and QA Manager has increased to check progress in ensuring that Community Access is made available. Monthly review of activities that take place will be done via the QMRP review. The QMRP will give direct feedback to ensure that activities take place and are pertinent to the resident's addressed needs.</p> <p>QMRP will review the QMRP notes to ensure that community outings are taking place in a more systematic and relevant fashion.</p> <p>DOC: 4/20/09 Responsible: QMRP with QA Manager, Facility Managers</p>		

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W 136	<p>Continued From page 10 McDonalds, Dollar Store, store)</p> <p>During the above noted five month period, Individual #1 participated in 14 community outings. Of those 14 outings, Individual #1 went bowling only 1 time. There was no documented evidence that he was offered swimming and bingo.</p> <p>When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., community outings were problematic due to a lack of available drivers.</p> <p>2. Individual #3's IPP, dated 11/21/08, documented a 27 year old male diagnosed with severe mental retardation, autism, and seizure disorder. He was admitted to the facility on 10/22/08.</p> <p>His IPP stated he enjoyed movies and popcorn, going out to eat, going for walks, dancing, and swimming. However, his community outing data was review and showed the following monthly activities:</p> <ul style="list-style-type: none"> - 11/08: no outings - 12/08: no outings - 1/09: 1 outing (bowling) - 2/09: 1 outing (bowling) - 3/1/09 - 3/17/09: no outings <p>During the above noted five month period, Individual #3 participated in 2 community outings. There was no documented evidence that he was</p>	W 136			

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W 136	<p>Continued From page 11</p> <p>offered enjoyable activities as identified in his IPP.</p> <p>When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., community outings were problematic due to a lack of available drivers.</p> <p>3. Individual #4's IPP, dated 10/23/08, documented a 28 year old male diagnosed with severe mental retardation, seizure disorder, and he had a VNS.</p> <p>Individual #4's IPP stated he liked van rides, listening to music, going to the movies, and visiting with his nieces and nephew.</p> <p>However, his community outing data, dated 11/08 -3/16/09, showed the following monthly activities:</p> <ul style="list-style-type: none"> - 11/08: 2 outings (haircut and Disney on Ice). - 12/08: 0 outings. - 1/09: 1 outing (haircut). - 2/09: 0 outings. - 3/09: 0 outings. <p>During the above noted five month period, Individual #4 participated in 3 community outings. Of those 3 outings, Individual #4 participated in 1 outing involving music.</p> <p>When asked, the QMRP stated during an interview on 3/18/09 from 8:45 - 9:50 a.m., community outings were problematic due to a lack of available drivers.</p> <p>4. Individual #2's IPP, dated 3/1/09, documented a 22 year old male diagnosed with moderate mental retardation and cerebral palsy with spastic quadriparesis.</p>	W 136			

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W 136	<p>Continued From page 12</p> <p>His IPP stated he liked going out to dinner, attending regular meetings of community organizations, going to a community education class, and physical activities away from home.</p> <p>However, his community outing data, dated 11/08 - 3/16/09, showed the following monthly activities:</p> <ul style="list-style-type: none"> - 11/08: 3 outings (Disney on Ice, haircut, and Best Buy). - 12/08: 4 outings (Festival of Trees, Applebees, Shopko, and Pizza Hut). - 1/09: 5 outings (mall, Java Jungle, Fred Myers, Pet Smart, and bowling). - 2/09: 3 outings (haircut, mall, and shopping). - 3/09: 1 outing (purchase a soda). <p>During the above noted five month period, Individual #2 participated in 16 community outings. Of those 16 outings, Individual #2 went out to eat twice and participated in bowling one time.</p> <p>When asked, the QMRP stated during an interview on 3/18/09 from 8:45 - 9:50 a.m., community outings were problematic due to a lack of available drivers.</p> <p>The facility failed to ensure individuals were provided sufficient numbers of opportunities to participate in preferred community integration activities.</p>	W 136			
W 137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate</p>	W 137			

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W 137	<p>Continued From page 13</p> <p>personal possessions and clothing.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure sufficient systems had been developed and implemented to ensure individuals' rights to retain personal possessions was upheld for 4 of 4 individuals (Individuals #1 - #4) whose Clothing Inventories were reviewed. This resulted in the potential for individuals' possessions to be lost, stolen, or destroyed without appropriate interventions being implemented. The findings include:</p> <p>Individual #1 - #4s' Client Inventories were reviewed on 3/17/09. When asked, the FM, who was present, stated Client Inventories were to be updated on a monthly basis. However, Individual #1 and Individual #2's Inventories were dated 11/08, Individual #3 did not have an Inventory, and Individual #4's Inventory was not dated.</p> <p>Additionally, when asked, the FM stated Client Inventories were not checked for accuracy. A random sample of items were selected from Individual #1's Inventory and compared to the actual items. Discrepancies were noted between the Inventory and actual items. For example, his Inventory documented he had 125 cassette tapes and 119 CDs. However, the actual number of cassette tapes and CDs was well below the documented number. The Inventory documented he had 5 boom boxes and 1 stereo. The actual number of boom boxes was 6 and 1 karaoke machine. The Inventory documented he had 1 suitcase but the actual number was 2.</p>	W 137	<p>W137:</p> <p>Paper inventories of personal property are completed and will be maintained at the facility. One copy will be saved in an electronic format as reference and a paper copy will be kept in the client binder for incidental updating. These are to be completed and logged by May 1st 2009 and updated every quarter. There were meetings on: 10/29/08 and 03/20/09 regarding this change in practice and implementation of inventory policy. All Facilities have the same protocols in place. Upon admission to facility, a client inventory will be done then updated each quarter. QA Manager and QMRP oversight of the binders/database will be done by random selection during a Mock Survey process to ensure that the documents are present. Follow up with the established Facility Manager will be done to direct course of action. QA Manager and QMRP oversight of the binders/database will be done by random selection during a Mock Survey process to ensure that the documents are present. Follow up with the established Facility Manager will be done to direct course of action. DOC: 4/20/09 Responsible: QMRP with QA Manager, Facility Managers</p>		

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W 137	Continued From page 14 Further, the Inventories did not contain any documentation as to the dates items were acquired and dates of disposal. When asked how individuals' personal possessions were accounted for and kept secure, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., there was no system other than the Client Inventories.	W 137			
W 148	The facility failed to ensure Individual #1 - #4s' personal possessions were accurately accounted for and kept secure. 483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure sufficient systems had been developed and implemented to ensure parents and legal guardians were notified of events, per their requests. This failure directly impacted 1 of 4 individuals (Individual #1) whose guardian notification sheets were reviewed and had the potential to effect 6 of 6 individuals (Individuals #1 - #6) residing at the facility, resulting in the potential lack of advocacy for individuals by their legal guardians. The findings include: 1. When asked how often parents/legal guardians were updated on individuals' status, the FM	W 148			

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W 148	<p>Continued From page 15</p> <p>stated on 3/17/09 at 12:00 p.m., it depended on what they (the parents/legal guardians) requested upon admission. When asked how the facility kept parents/legal guardians informed of individuals' status, the FM stated the nurse notified parents/legal guardians about medical changes, the QMRP and QAM used to notify parents/legal guardians on programming issues and room changes, and she (the FM) used to notify parents/legal guardians of significant events that were identified in incident reports. Further, the FM stated at the end of 2/09, she was given a list of topics she was to follow when updating individuals' parents/legal guardians. The FM stated she was going to complete and e-mail monthly summaries to Individual #1 and Individual #2s' parents/legal guardians and she called or saw Individual #3 - #6s' parents/guardians fairly consistently.</p> <p>However, when asked about parents/legal guardians being kept informed of individuals' status, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., parents/legal guardians were to receive weekly updates and it was the FM's responsibility. The QMRP provided the survey team with the list of topics that were to be discussed during those updates. The list was undated and the topics included health, important events, "stuff", social and day programming. The list did not include topics related to progress and regression or financial status.</p> <p>Further, when asked about the topic of health, the FM, who was present during the above noted interview, stated she did not have access to the medical record. The LPN, who was also present during the interview, stated she only notified those parents/legal guardians who requested such</p>	W 148	<p>W148:</p> <p>Protocol for parental contact was in place but was not implemented by this Facility Manager. Follow up disciplinary action was taken with the Facility Manager and was found to be ineffective. Facility Manager was released and new Manager has been hired with the protocol in place to ensure that families are contacted monthly with the established information.</p> <p>Families for all homes will be contacted by e-mail and/or phone at least monthly with an update established by the protocol and documented in the Family Contact Binder.</p> <p>Family Contact Log and protocol will be kept in all of the facility homes. It will be the responsibility of the Facility Manager to maintain family contact and relationship. QA Manager – will notify additional family of social and incidental issues as needed and will make available financial information for guardians. Monthly Contact information will be sent to QMRP for review in the Qnotes.</p> <p>QMRP will monitor reports in the QMRP review notes and the Family Contact Binder to ensure that contact has taken place, documentation will take place in the Qnotes and the Contact Log sheets will be forwarded to the Corporate Office for monitoring .</p> <p>DOC: 4/20/09 Responsible: QMRP with QA Manager, Facility Managers</p>		

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W 148	<p>Continued From page 16 information.</p> <p>The facility's system for notifying the individuals' parents/legal guardians of events was not sufficiently developed to ensure parents/legal guardians were kept informed per their requests. For example, Individual #1's record showed he was admitted to the facility on 4/13/05 and his guardian contact information, dated 4/5/05, showed his guardian wanted to be updated on a monthly basis via e-mail or phone. When asked about monthly updates to Individual #1's guardian, the FM stated they had not occurred. The FM stated she sent an e-mail to Individual #1's guardian last week to verify a telephone number.</p> <p>When asked about the monthly updates to Individual #1's guardian, the LPN stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., the only contact she made was an e-mail on 3/3/09 informing his guardian that a new acne medication was being started. When asked, the QMRP, who was present during the interview, stated the only contact he made was an e-mail on 12/22/08 to introduce himself as the QMRP.</p> <p>The QAM, who was also present during the interview, provided the survey team with 3 e-mails she had sent to Individual #1's guardian. One e-mail, dated 6/30/08, was related to a picture of Individual #1 singing at a summer party. The second e-mail, dated 2/10/09, was related to setting up a phone conference. The third e-mail, dated 2/12/09, was related to setting a date for the annual IPP, information on sebaceous cysts, swimming, Special Olympic games, setting an appointment for a speech evaluation, and a bruise that occurred when Individual #1 was out</p>	W 148			

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W 148	Continued From page 17 of the facility. There was no documented evidence that Individual #1's guardian received monthly updates as requested. Additionally, the correspondence that was sent to his guardian did not contain comprehensive information related to Individual #1's status. The facility failed to ensure a system was developed to ensure individuals' parents/legal guardians routinely received comprehensive information related to individuals' progress and regression, medical status, behavioral status, nutritional status, social status, financial status, and community integration activities per their requests.	W 148			
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview it was determined the facility failed to ensure the QMRP provided sufficient integration, monitoring, and coordination for 4 of 4 individuals (Individuals #1 - #4) whose IPPs were reviewed. That failure resulted in individuals not receiving the services and supports required to meet their needs. The findings include: 1. Individual #3's IPP, dated 11/21/08, documented a 27 year old male diagnosed with severe mental retardation, autism, and seizure disorder. He was admitted to the facility on	W 159			

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W 159	<p>Continued From page 18</p> <p>10/22/08. The QMRP failed to ensure Individual #3's active treatment program was sufficiently implemented, coordinated and monitored as follows:</p> <p>a. Individual #3's Physical Therapy Evaluation, dated 11/14/08, stated he was very mobile and "His overall activities are high in self-stimulatory behaviors. Among these are swaying back and side to side, running, dropping to the floor and getting up again...[Individual #3] has an unusual posture and gait pattern. He has very mobile ankle joints and he tends to run in a flexed posture." The Evaluation stated his care would be centered around the management of his behaviors. The Evaluation stated "It is my understanding that some personal exercise equipment that he enjoys is being brought in which include a treadmill and a 'gazelle.' All of these things are appropriate activities in, hopefully, helping to manage [Individual #3's] daily routine."</p> <p>Individual #3's IPP included an objective to utilize a piece of exercise equipment for 10 minutes a day. However, an observation was conducted on 3/16/09 from 3:40 - 4:30 p.m. and no exercise equipment was noted to be in the facility.</p> <p>Further, his QMRP Review Notes, dated 12/08 - 2/09, stated the following:</p> <p>- 12/08: "Not at criteria for one month. Only went for a walk one time this month."</p> <p>- 1/09: "Not at criteria for two months. Refused to walk at all this month."</p> <p>- 2/09: "Not at criteria for three months. He</p>	W 159	<p>W159:</p> <p>QMRP oversight has been brought back to Full Time QMRP from Part Time QMRP specific to the Bitterroot home to ensure that all the program implementation takes place in a timely fashion and consistently with the IPP. Training specific to client needs will be provide in the home at every staff meeting and as needed. Data that is required to be collected is consistent to the objective and is directly tied to an established need from the Needs list. Challenging Behavior Forms removed.</p> <p>QMRPs and QA Manager will assess binders annually to ensure that all programmatic approaches are successfully implemented, consistent with the established IPP. Training will be provided by the QMRP to ensure that it is specific to the individual it has been identified for. All data samples will be correlated with the IPP to determine if there is a consistent observation of the correct information.</p> <p>QMRPs and QA Manager will assess binders annually to ensure that all programmatic approaches are successfully implemented, consistent with the established IPP. Training will take place to ensure that the Facility Managers can monitor what is established as an objective matched with an item as needed in the needs list. This will have a corresponding established program, trained and consistent data collection plan. Facility manager will ensure that there is an inter-observer reliability of 80% or greater. This will be monitored by the Part Time QMRP and the QA Manager will present issues and progress quarterly to the Treatment Team for quality assurance and improvement.</p> <p>DOC: 4/20/09 Responsible: QMRP, QA Manager, Facility Managers and Administrator oversight</p>		

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W 159	<p>Continued From page 19</p> <p>walked one time...I think to start out with we need to change this to a walking program only a few days a week. [Individual #3's] mom was going to bring over some exercise equipment but we have not seen it."</p> <p>When asked, the FM stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., Individual #3's family had not brought the exercise equipment in so she decided to change the objective to just walking. When asked about the facility providing the equipment, the FM stated the facility had not purchased the recommended equipment. When asked, the QMRP who was present at the interview stated he suspected the equipment was not there (at the facility) and did not know it had not been provided.</p> <p>The QMRP failed to ensure Individual #3's was provided with the equipment necessary to implement his physical therapy objective.</p> <p>b. Individual #3's QMRP Review Notes, dated 12/08 - 2/09, included an objective to reduce the frequency of yelling to less than three a day.</p> <p>His QMRP Review Notes showed the following monthly frequencies of yelling behavior:</p> <ul style="list-style-type: none"> - 12/08: 1 time at home, 10 times at the day program. - 1/09: 2 times at home, 6 times at the day program. - 2/09: 2 times at home, 12 times at the day program. <p>However, the same QMRP Review Notes contained entries which showed the reported frequencies were being averaged as follows:</p>	W 159			

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W 159	<p>Continued From page 20</p> <p>- 12/08: "At home he yelled 21x there is 31 day [sic] this month so 1x per day. At [day program] he yelled 310x there is 31 day [sic] this month so 10x per day."</p> <p>- 1/09: "At home he yelled 63x there is 31 day [sic] this month so 2x per day. At [day program] he yelled 193x there is 31 day [sic] this month so 6x per day.</p> <p>- 2/09: "At home he yelled 52x there is 28 day [sic] this month so 2x per day. At [day program] he yelled 334x there is 28 day [sic] this month so 12x per day.</p> <p>The QMRP's data averages were not reflective of Individual #3's actual performance. When asked about the data, the FM confirmed during an interview on 3/18/09 from 9:50 - 11:30 a.m., the data was being averaged and not tallied. The QMRP, who was present during the interview, did not respond.</p> <p>c. Individual #3's QMRP Review Notes, dated 12/08 - 2/09, included an objective to reduce the frequency of invading others space to less than three a day.</p> <p>His QMRP Review Notes showed the following monthly frequencies of invading others space:</p> <p>- 12/08: 0 times at home, 3 times at the day program.</p> <p>- 1/09: 0 times at home, 1 times at the day program.</p> <p>- 2/09: 2 times at home, 7 times at the day program.</p> <p>However, the same QMRP Review Notes contained entries which showed the reported</p>	W 159			

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W 159	<p>Continued From page 21</p> <p>frequencies were being averaged as follows:</p> <p>- 12/08: "At home he space/touch 10x there is 31 day [sic] this month so 0x per day. At [day program] he space/touch 190x there is 31 day [sic] this month so 3x per day."</p> <p>- 1/09: "At home he space/touch 6x there is 31 day [sic] this month so 0x per day. At [day program] he space/touch 39x there is 31 day [sic] this month so 1x per day.</p> <p>- 2/09: "At home he space/touch 49x there is 28 day [sic] this month so 2x per day. At [day program] he space/touch 204x there is 28 day [sic] this month so 7x per day.</p> <p>Further, the QMRP Review Notes showed Individual #3's QMRP had not reviewed the Notes since 12/2/08.</p> <p>The QMRP's data averages were not reflective of Individual #3's actual performance. When asked about the data, the FM confirmed during an interview on 3/18/09 from 9:50 - 11:30 a.m., the data was being averaged and not tallied. The QMRP, who was present during the interview, did not respond.</p> <p>2. Individual #1's IPP, dated 4/1/08, documented a 33 year old male diagnosed with severe mental retardation and cerebral palsy. The QMRP failed to ensure Individual #1's active treatment program was sufficiently implemented, coordinated and monitored as follows:</p> <p>Individual #1's QMRP Review Notes, dated 4/08 - 1/09, included an objective which stated after experiencing a problem, he would use a problem</p>	W 159			

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W 159	<p>Continued From page 22</p> <p>solving format to resolve the problem independently at a 90% success rate for 3 consecutive months.</p> <p>His QMRP Review Notes showed he was not progressing towards the objective as follows.</p> <p>- 4/08: 8%. The FM's entry stated "I clarified with the staff that this is to be used in scenario not to wait for real problems. [Individual #1] will not talk to people when he is upset [sic] we hope that with the scenario problems that he will learn how to talk to others when he is having a real problem."</p> <p>- 5/08: 16%.</p> <p>- 6/08: 3%. The entry stated "Still concerned with this program. What does [Individual #1] have available to help him communicate about problems? If there isn't much that he can do other than to verbalize (which is very difficult for him) or use his computerized communication device (also labor intensive) this program will not be successful. He needs emotions paired with faces (perhaps [Individual #1's] faces) to communicate first how he is feeling, then some options of what to do with those feelings (possible solutions - tell someone you are upset, calming activity, what's the positive intent of the other's actions, communicating with a third party for help, etc.). Please ensure that all of these things are being addressed in an easy to use, easy to access form." The FM's response to the 6/08 entry stated "[Individual #1] has his Delta Talker to help him with his communication. In the home most of the staff can understand what [sic] he is talking about. We almost never use [sic] the Talker to help him with communication. This program is for scenario problems when he is not</p>	W 159			

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W 159	<p>Continued From page 23 upset."</p> <p>- 7/08: 6%.</p> <p>- 8/08: 0%.</p> <p>- 9/08: 4%.</p> <p>- 10/08: 3%. The FM's entry stated "When [Individual #1] is having a problem he just stops talking to everyone, this is why we changed it to the scenario problems. I will talk to the staff in both settings, they are writing that there were no problems and NA the program. I will get them re-trained on this program."</p> <p>- 11/08: 0%.</p> <p>- 12/08: 0%. The entry stated "This program needs to be changed. Did you follow through with your reply from October and re-train staff?" The FM's response to the 12/08 entry stated "I did do the re-training in Oct then again in Jan."</p> <p>- 1/09: 10%. The entry stated "What are you doing now to modify the program as it is still unsuccessful?"</p> <p>- 2/09: The FM's entry stated "Not at criteria for five months. I re-trained staff on how to run the program. I can re-do the program for April." An entry (undated) titled Pre-IPP from the QMRP stated "Staff are running this program wrong and were not aware of the need to have this program adjusted more than staff needed more training on how to implement. No Recommendation to change."</p> <p>When asked how the objective was accurately</p>	W 159			

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W 159	<p>Continued From page 24</p> <p>measured when the "scenario" replaced "after experiencing a problem", the FM stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., Individual #1 would shut down when he was upset. The QMRP, who was present during the interview, did not respond.</p> <p>3. Individual #2's IPP, dated 3/1/09, documented a 22 year old male diagnosed with moderate mental retardation, cerebral palsy, and a seizure disorder. The QMRP failed to ensure Individual #2's active treatment program was sufficiently implemented, coordinated and monitored as follows:</p> <p>a. Individual #2's IPP documented contact with his father was maintained by going out to dinner a few times each month and regular telephone calls. Individual #2's relationship with his father was well documented in his 1/11/08 Speech Language Pathology Evaluation which stated "He appeared excited and talked frequently about an outing he was going to attend with his dad and his brother's friend. This was a reoccurring theme throughout the evaluation."</p> <p>The facility's Medication Administration Record book was reviewed on 3/17/09. The book contained a Memorandum, dated 2/25/09, which stated Individual #2's father passed away on 2/9/09. The memo stated "This type of life changing event can manifest various signs of stress. Please support [Individual #2] following these guidelines." The memo listed 5 "signals" staff were to be aware of and 10 "responses" staff were to follow if they observed one of the signals.</p> <p>When asked, the FM stated on 3/18/09 at approximately 9:00 a.m., the signals identified in</p>	W 159			

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W 159	<p>Continued From page 25</p> <p>the memo were not being tracked for Individual #2.</p> <p>Further, Individual #2's "Challenging Behavior" sheet, dated 2/25/09, showed he engaged in maladaptive behaviors including yelling, hitting, biting, and scratching. When asked, the QAM stated during an interview on 3/18/09 from 8:45 - 9:50 a.m., Individual #2 had not displayed these behaviors for quite awhile and they were probably related to his father's death.</p> <p>When asked about grief counseling, the QAM stated she met with Individual #2 and a counselor on 3/1/09 to talk about his loss. When asked about formal counseling, the QAM stated he had not met with any other licensed counselor. When asked, the QMRP who was present during the interview, stated it had been years since he received training on the grief process, and the FM stated no to the same question. When asked why Individual #2 had not received additional sessions with the counselor he met on 3/1/09, the QAM stated the counselor had a full schedule.</p> <p>The QMRP failed to ensure that the grief signals and responses were being tracked, and that grief counseling was available to Individual #2 regarding the loss of his father.</p> <p>b. Individual #2's Physical Therapy Evaluation report, dated 2/4/09, included a recommendation for a pulley exercise program for Individual #2's upper extremities. The report stated the pulley exercise was recommended to maintain movement in Individual #2's shoulders. When asked, the FM stated during an interview on 3/18/09 from 8:45 - 9:50 a.m., the pulley was obtained but not set up yet.</p>	W 159			

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W 159	<p>Continued From page 26</p> <p>The QMRP failed to ensure Individual #2 was provided with the equipment necessary to maintain the movement in his shoulders in a timely fashion.</p> <p>4. Refer to W111 as it relates to the QMRP's failure to ensure individuals' records contained accurate and consistent information regarding their current status.</p> <p>5. Refer to W120 as it relates to the QMRP's failure to ensure sufficient coordination and monitoring of outside services was provided necessary to ensure the individuals' needs were being met.</p> <p>6. Refer to W136 as it relates to the QMRP's failure to ensure individuals were provided with the opportunity to participate in community activities based on their interest and choice.</p> <p>7. Refer to W137 as it relates to the QMRP's failure to ensure the individuals' personal possessions were accurately accounted for.</p> <p>8. Refer to W148 as it relates to the QMRP's failure to ensure the individuals' guardians were comprehensively and routinely updated.</p> <p>9. Refer to W189 as it relates to the QMRP's failure to ensure staff were provided with sufficient training necessary to ensure the individuals' IPPs were appropriately implemented.</p> <p>10. Refer to W225 as it relates to the QMRP's failure to ensure comprehensive vocational assessments were completed for individuals.</p>	W 159			

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W 159	Continued From page 27 11. Refer to W260 as it relates to the QMRP's failure to ensure the individuals' IPPs accurately reflected and responded to the individuals' needs. 12. Refer to W322 as it relates to the QMRP's failure to ensure individuals were provided with appropriate general and preventative health care necessary to meet their identified needs. 13. Refer to W455 as it relates to the QMRP's failure to ensure sufficient sanitation practices were implemented for the prevention and control of infection and communicable diseases.	W 159			
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to provide employees with continuing training that would enable them to perform required duties effectively, efficiently, and competently for 1 of 4 individuals (Individual #2) whose records were reviewed. This resulted in the potential for an individual to experience symptoms of grief without appropriate staff responses. The findings include: 1. Individual #2's IPP, dated 3/1/09, documented a 22 year old male diagnosed with moderate mental retardation, cerebral palsy, and seizure disorder. Individual #2's IPP documented contact with his	W 189			

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W 189	<p>Continued From page 28</p> <p>father was maintained by going out to dinner a few times each month and regular telephone calls. Individual #2's relationship with his father was well documented in his 1/11/08 Speech Language Pathology Evaluation which stated "He appeared excited and talked frequently about an outing he was going to attend with his dad and his brother's friend. This was a reoccurring theme throughout the evaluation."</p> <p>The facility's Medication Administration Record book was reviewed on 3/17/09. The book contained a Memorandum, dated 2/25/09, which stated Individual #2's father passed away on 2/9/09.</p> <p>The memo stated "This type of life changing event can manifest various signs of stress. Please support [Individual #2] following these guidelines." The memo listed 5 "signals" staff were to be aware of and 10 "responses" staff were to follow if they observed one of the signals. The identified "signals" included saying stop, appearing distracted, verbal aggression including yelling, physical resistance to move him, and aggression including hitting and biting. The identified "responses" included asking him if he would like a break, reminding him to take slow relaxed breaths, encouraging him to stop himself if he was not using the "responses" to start relaxing, discussing his emotions, reminding him that loss was hard and it was okay to miss his father, expressing an understanding of Individual #2's love for his father and missing his father, reminding him that he could contact his brother, and "Reinforce [Individual #2] as a support system for his efforts to process his father's passing and the emotions which correspond to this event."</p>	W 189	<p>W189:</p> <p>Individual #2 has protocol in place for seizures and tracking in place in the event of a seizure. Training has been implemented to ensure that any strong emotion produced by this individual has been addressed appropriately, in association to his father passing away.</p> <p>Any established protocols to be put into place will be established in writing and will be trained accordingly. Each staff person who is at the training will document by signature that they participated in, and understood, the trained material. Facility Managers will ensure that the staff will demonstrate the competency required by signing the document in agreement.</p> <p>Any identified individual will be discussed in Treatment Team format at least weekly and notation of provided treatment will be documented in the meeting notes. Follow up counseling, medical oversight will be monitored by Treatment Team, QMRPs, and QA Mngr.</p> <p>Follow up counseling, medical oversight will be monitored by Treatment Team, QMRPs and QA Mngr.</p> <p>DOC: 4/20/09 Responsible: QMRP with QA Manager, Facility Manager</p>		

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W 189	Continued From page 29 However, there were only 5 facility staff signatures at the bottom of the 2/25/09 memo. The facility's as-worked schedules, dated 2/09 - 3/16/09, showed 6 additional staff worked in the facility during that time. When asked, the FM stated on 3/18/09 at approximately 9:00 a.m., staff had not been trained on Individual #2's signals and responses, and had not received any training on the grief process. Further, Individual #2's "Challenging Behavior" sheet, dated 2/25/09, showed he engaged in maladaptive behaviors including yelling, hitting, biting, and scratching. When asked, the QAM stated during an interview on 3/18/09 from 8:45 - 9:50 a.m., Individual #2 had not displayed these behaviors for quite awhile and they were probably related to his father's death.	W 189			
W 225	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The facility failed to ensure all staff were trained on Individual #2's specific signals and appropriate staff responses. The comprehensive functional assessment must include, as applicable, vocational skills. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview it was determined the facility failed to ensure a relevant and comprehensive vocational assessment was obtained for 3 of 4 individuals (Individuals #1 - #3) who were of age to be involved in vocational training. Without a complete, current, comprehensive assessment,	W 225			

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W 225	<p>Continued From page 30</p> <p>the facility would not be able to assist the individuals with their vocational training needs, through development of objectives designed to optimize their abilities. The findings include:</p> <p>1. Individual #1's 4/1/08 IPP stated he was a 33 year old male diagnosed with severe mental retardation and spastic cerebral palsy.</p> <p>Individual #1's record included a 8/8/05 Vocational Assessment which stated "An assessment would need to be done through Vocational Rehabilitation to gage [Individual #1's] current vocational skills and determine if he would be a good candidate for job placement. This would help determine appropriate follow through in possible vocational options."</p> <p>A subsequent Vocational Rehabilitation report, dated 7/11/07, stated Individual #1 had refused to leave the van and therefore the work evaluation was not completed. The report stated "we can always try again." However, no documentation of additional efforts could be found in Individual #1's record.</p> <p>His 4/1/08 IPP stated "his family reports past success with employment for short periods of time" but he appeared to become bored with ongoing work. His IPP also stated he did not express a true desire to be employed but did appear to enjoy earning money. Further, he was earning \$.50 each day for shredding at the day program and options of tasks within the facility and the day program were to be explored to ensure he had the "opportunity to work to the level he desires." His IPP stated "As these tasks are developed a vocational assessment will be completed only if necessary. At this time</p>	W 225	<p>W225:</p> <p>Each identified client will have their Vocational Assessment reviewed by QMRP and QA Manager with assistance from the Facility Manager to determine that the information is accurate. Internal Assessment will be updated at the IPP to ensure that the Vocational component is accurately assessed. Need to explore new options for Vocational services (CIL, MVRs, etc) to determine most appropriate source of services. Current economic climate is limiting at this juncture.</p> <p>QMRPs, QA Manager and Facility Manager will do in-depth file reviews to determine what assessments require updating and/or completion. File reviews will be done to determine clients that have not had assessments updated or assessed to completion.</p> <p>QMRP and QA Manager will assess ongoing with an IPP checklist to determine needs and items that are required at the time of the IPP.</p> <p>DOC: 4/20/09 Responsible: QMRP with QA Manager, Facility Manager</p>		

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W 225	<p>Continued From page 31</p> <p>[Individual #1's] skills will be derived from this IPP."</p> <p>His IPP included the following vocational domains and Individual #1's skill level in each as follows:</p> <ul style="list-style-type: none"> - Job Search: 7% independence. - Job Performance and Attitudes: 53% independence. - Employee Relations: 14% independence. - Job Safety: 43% independence. <p>Under each of the domains were listed specific need areas. However, under the "prioritized" vocational needs section, the IPP stated "[Individual #1] currently works at the day program shredding. When [Individual #1] arrives to day program on time to begin his day he is offered the opportunity to work on shredding. This routine includes shredding one full bag and cleaning the area. There are no prioritized needs in this area."</p> <p>Individual #1's vocational assessment did not include comprehensive information related to his work interests (expression of desired jobs), his work skills specifically related to his desired jobs, specific information related to his boredom for ongoing work or his present and future employment options at the day program, facility, or in the community.</p> <p>When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., an updated comprehensive vocational assessment had not been completed.</p> <p>Without a current, complete, comprehensive vocational assessment, the facility would not be</p>	W 225			

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W 225	<p>Continued From page 32</p> <p>able to ensure Individual #1's vocational needs were being met and that his vocational strengths were being optimized. The facility failed to ensure Individual #1's vocational skills and options were thoroughly assessed.</p> <p>2. Individual #3's 11/21/08 IPP stated he was a 27 year old male diagnosed with autism, severe to profound mental retardation, and seizure disorder. His IPP stated in the "Work/Day Program" section that he attended high school during the school year, attended the day program during the summer, and received 1:1 staffing for developmental training.</p> <p>The Employment Skills section of Individual #3's IPP included the following vocational domains and his skill level in each section as follows:</p> <ul style="list-style-type: none"> - Job Search: 0% independence. - Job Performance and Attitudes: 0% independence. - Employee Relations: 0% independence. - Job Safety: 0% independence. <p>The IPP stated "Currently [Individual #3] is not able to complete any of the skills in this area. He is attending [name] High School during the school year and participating in [name] program during the summer. Once [Individual #3] begins the transition out of high school, a vocation assessment will be researched. At that time, these areas will be reassessed to determine his strengths and needs." However, in the "Outside Services" section of his IPP, it stated he attended the day program 5 days a week for 5 hours a day.</p> <p>Individual #3 was observed at the day program on 3/16/09 from 12:05 - 1:10 p.m. When asked</p>			W 225			

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W 225	<p>Continued From page 33</p> <p>about Individual #3 attending school, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., Individual #3 did not attend high school and had been attending the day program for years. However, Individual #3's record did not include a comprehensive vocational evaluation of his vocational strengths, needs, and options.</p> <p>The facility failed to ensure a comprehensive vocational assessment was completed for Individual #3.</p> <p>3. Individual #2's 3/1/09 IPP stated he was a 22 year old male diagnosed with moderate mental retardation, cerebral palsy with spastic quadriparesis and seizure disorder. His IPP stated in the "Work/Day Program" section that he attended the day program Monday through Friday from 9:00 a.m. to 3:00 p.m.</p> <p>His Vocational Assessment, dated 6/10/08, stated he expressed no desire to work but if he did desire to pursue vocational interests, "it is recommended that the appropriate direction and supports are secured to ensure that he is given the most successful experience possible." However, Individual #2's assessment did not include recommendations related to lack of desire to pursue vocational activities.</p> <p>When asked, the QAM stated during an interview on 3/18/09 from 8:50 - 10:50 a.m., there were no recommendations related to pursuing vocational activities.</p> <p>The facility failed to ensure Individual #2's vocational assessment included recommendations to address his identified vocational needs.</p>	W 225			

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W 227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure the individuals' IPPs included objectives to meet the needs for 4 of 4 individuals (Individuals #1 - #4) whose IPPs and objectives were reviewed. This resulted in a lack of program plans designed to address the needs of the individuals in areas most likely to impact their lives. The findings include:</p> <p>1. Individual #1's IPP, dated 4/1/08, documented a 33 year old male diagnosed with severe mental retardation and cerebral palsy. His IPP did not include specific objectives to address his identified needs as follows:</p> <p>a. During an observation at the day program on 3/16/09 from 12:05 - 1:10 p.m., Individual #1 was noted to be carrying a black computer bag and a plastic shopping bag. The computer bag contained CDs and the plastic grocery bag contained a pair of winter gloves, a charger, a pair of headphones, cassette tapes, a toothbrush, a tube of toothpaste, and multiple loose but folded pages from a magazine.</p> <p>When asked, a direct care staff who was working with Individual #1, stated it was typical for Individual #1 to bring his personal possessions to the day program and the problem was getting</p>	W 227	<p>W227:</p> <p>IPP for the individuals in question have been updated and the identified Needs list conducted on 03/26/09 have been translated into Measurable Objectives. Needs/Goals list was established by conversing at the IPP and following meetings to determine an ongoing list of needs. Any adjustments or updates to this list will be done via Addendums to the IPP. QMRPs, QA Manager and Facility Managers will do file review using an IPP check list to determine any needs, strengths, or other issues that will need to be addressed. Regular monthly contact via the Family Contact logs will incorporate any family input that is to be addressed. Interventions added by professionals will be added to the treatment regimen in a fashion that is documented in the IPP addendum. This process was established prior to the survey but was flawed due to the prior Facility Manager's lack of requested communication with the QMRP or any of the other administrative staff. This issue has been remedied by the replacement of the Facility manager and implementation of established protocols to assess, address, and update IPPs, Programs, data collection formats, and feedback loops to administration. Part Time QMRP will perform file reviews and will relay issues to the Full Time QMRP. Part Time QMRP and QA Manager will do full file review to ensure oversight of established policy. DOC: 4/20/09 Responsible: QMRP with QA Manager</p>		

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W 227	<p>Continued From page 35</p> <p>worse. The staff stated Individual #1 refused to put his belongings in the back of the van; he placed the items at his feet which became an issue for other people getting on and off the van. The staff further stated Individual #1 would not leave his items in the van when they went out in the community.</p> <p>A second observation was conducted at the day program on 3/17/09 at 9:05 a.m. Individual #1 was noted to be carrying a black computer bag and a plastic shopping bag. Both bags contained the same items as the previous day. In addition, he was carrying his lunch bag and a 52 ounce insulated mug.</p> <p>Individual #1's QMRP Review Notes, dated 9/08, stated "[Individual #1] also will bring a bag to Day Program and he would not leave it at [name of day program] or in the van when going out in the community and when this happens [Individual #1] will refuse to work on a program." A QMRP Review Note, dated 1/09, stated "[Individual #1] refused to work on this program [sic] [Individual #1] brought a guitar from home and would not put it away and work on this program."</p> <p>Individual #1's IPP did not include a specific objective to address taking personal possessions to the day program. When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., Individual #1 did not have an objective or training plan related to taking personal possessions to work.</p> <p>b. Individual #1's MARs, dated 10/1/08 - 1/31/09, documented he refused his medications and topical treatments as follows:</p>	W 227			

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W 227	<p>Continued From page 36</p> <p>10/08: Cetaphil - refused 4 times. Prevident - refused 6 times. Miralax - refused 3 times. Tretinoin - refused 2 times Erythromycin - refused 2 times.</p> <p>11/08: Cetaphil - refused 6 times. Prevident - refused 7 times. Miralax - refused 2 times. Tretinoin - refused 2 times Erythromycin - refused 3 times.</p> <p>12/08: Cetaphil - refused 8 times. Prevident - refused 6 times. Miralax - refused 5 times. Tretinoin - refused 6 times Erythromycin - refused 2 times. Baby oil - refused 6 times. Colace -refused time. Multivitamin - refused 1 time.</p> <p>1/09: Cetaphil - refused 7 times. Prevident - refused 8 times. Miralax - refused 5 times. Tretinoin - refused 4 times. Erythromycin - refused 4 times. Baby oil - refused 3 times. Clobetasol - refused 3 times.</p> <p>Individual #1 displayed on going refusals from 10/08 to 1/09. However, his IPP did not include a specific objective to address his refusals. When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., Individual #1 did not have an objective or training plan related to</p>	W 227			

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W 227	<p>Continued From page 37 refusing.</p> <p>c. Under the section titled Speech/Language Therapy in Individual #1's IPP, it stated "[Individual #1] could benefit from continued programming to address verbalization of words [Individual #1] uses in his daily life."</p> <p>Individual #1's IPP did not contain a specific objective related to verbalization of words. When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., Individual #1 did not have an objective or training plan related to verbalization.</p> <p>d. Individual #1's Speech-Language Pathology Evaluation report, dated 2/20/09, stated he brought his "Alpha Talker" (a computerized communication device) to the evaluation but staff reported he was not using it functionally and Individual #1's family felt it was not the best mode of communication for him. The report stated he chose to "primarily communicate verbally and with gesture/signs during the evaluation" but the quality of his speech decreased when he was excited and he therefore, he tended to use more gesturing paired with verbalizations to communicate intent. The report stated a "flip communication book would be purposeful for [Individual #1] at this time as he seems to have good recognition of the PEC's pictures and is familiar with them."</p> <p>An observation was conducted on 3/16/09 from 12:05 - 1:10 p.m. at the day program and from 3:40 - 4:30 p.m. in the facility. During that time, Individual #1 was not noted to have his Alpha Talker or communication book but used verbal utterances and gestures to communicate. When</p>	W 227			

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W 227	<p>Continued From page 38</p> <p>the survey team asked Individual #1 about the devices, he made verbal utterances and gestured. When asked, present staff stated his Alpha Talker was broken and un-repairable. When asked about the communication book, the FM who was present, stated they had talked about a PECs systems but she was not sure. When asked about a flip communication book, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., Individual #1 would have one next week.</p> <p>e. Individual #1's Occupational Therapy Evaluation report, dated 2/2/09, stated he was able to complete ADLs with stand by assistance and verbal cues. The report stated compliance with ADLs and home chores continued to be an area of challenge and a "simple visual schedule could be considered to assist with sequencing and task completion." The report further stated a "reward system for completion of ADLs/home chores may also be helpful for increasing compliance and [Individual #1] should continue being provided with opportunities for purposeful engagement in valued activities."</p> <p>An observation was conducted on 3/16/09 from 12:05 - 1:10 p.m. at the day program and from 3:40 - 4:30 p.m. in the facility. During that time, Individual #1 was not noted to have a visual schedule. When asked about a visual schedule, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., Individual #1 would have one next week.</p> <p>2. Individual #3's IPP, dated 11/21/08, documented a 27 year old male diagnosed with severe mental retardation, autism, and seizure disorder. He was admitted to the facility on</p>	W 227			

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W 227	<p>Continued From page 39</p> <p>10/22/08. His IPP did not include specific objectives to address his identified needs as follows:</p> <p>a. Individual #3's IPP included a behavior plan related to biting his hand. However, his program book at the facility included a form titled "Challenging Behavior." The form listed 10 maladaptive behaviors including biting others, pulling hair, throwing self to ground, crying, banging his head on the floor or wall, pushing, grabbing others, and spitting. When asked, the FM stated on 3/17/09 at approximately 11:45 a.m., the maladaptive behaviors were of concern and staff were tracking them.</p> <p>Individual #3's IPP did not include specific objectives to address the maladaptive behaviors. When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., Individual #3 did not have objectives or training plans to address the maladaptive behaviors.</p> <p>b. The "Behaviors" section of his IPP stated he engaged in biting himself, pulling other people's hair, screaming, clinging, self stimulatory behaviors and licking objects. His subsequent Occupational Therapy Evaluation report, dated 12/4/08, stated he had difficulty with sensory processing and would engage in "screaming, jumping, hand flapping, biting fingers, pulling hair, putting fingers in others' mouths and rocking." The report included recommendations to provide Individual #3 with a "variety of sensory information to meet his needs" such as calming music through head phones, deep pressure therapy, multi-texture toys, a weighted blanket or vest, and participating in rhythmic, predictable activities such as dancing and clapping games. The report</p>			W 227			

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W 227	<p>Continued From page 40</p> <p>also stated he may benefit from slow rhythmic swinging.</p> <p>Individual #3's IPP was not updated to include the evaluation information and no specific objectives related to sensory needs could be found.</p> <p>When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., Individual #3's IPP had not been updated to include the evaluation information and Individual #3 did not have objectives developed for his sensory needs.</p> <p>c. Individual #3's Speech Evaluation, dated 12/12/08, stated he presented with a non-verbal form of communication and included recommendations to use PECs and approximate signs. The report also stated staff should continue to cue Individual #3 to "vocalize appropriately for increased communicative appropriateness such as a specific vowel/consonant sound he could approximate."</p> <p>However, Individual #3's IPP did not include specific objectives to address his communication needs. When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., Individual #3 did not have objectives or training plans related to communication.</p> <p>d. Individual #3's 11/3/08 CFA identified several needs for which no objectives were developed in his IPP. Examples included, but were not limited to, the following:</p> <p>- Clothing Care: His CFA identified need areas which included putting dirty clothes in a hamper, putting shoes away, and hanging clothes in</p>	W 227			

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W 227	<p>Continued From page 41</p> <p>closet, etc. However his IPP stated "No prioritized needs are identified for this area at the time of this assessment."</p> <p>- Meal Planning and Preparation: His CFA identified need areas which included scooping food from a jar, making a simple snack, clear dishes from table, etc. However, his IPP stated "[Individual #3] does not have any priority needs at this time."</p> <p>- Home Cleaning and Organization: His CFA identified need areas which included picking up litter and throwing it away, picking up items off the floor, putting away small household items, etc. However, his IPP stated "[Individual #3] does not have any priority needs in this area at this time."</p> <p>- Home Safety: His CFA identified need areas which included following directions from a person during an emergency. However, his IPP stated "[Individual #3] is able to complete a few skills independently. He requires staff supervision and monitoring to ensure his safety within the home. There are no needs at this time."</p> <p>- Home Leisure: His CFA identified need areas which included selecting something to do at home when given a choice, looking at books or magazines, participating in home activities or projects other than watching movies and listening to music, etc. However, his IPP stated "There are no identified priority needs for this area at the time of this assessment."</p> <p>- Money Management and Shopping: His CFA identified need areas which included paying for items, carrying purchased items, etc. However, his IPP stated "There are no priority needs for</p>	W 227			

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W 227	<p>Continued From page 42 [Individual #3] at this time."</p> <p>- Community Safety: His CFA identified need areas which included walking around obstacles, checking for traffic before crossing, looking both directions before crossing, staying with group, fastening his seat belt, etc. However, his IPP stated "No prioritized needs are identified for this area at the time."</p> <p>- Community Leisure: His CFA identified need areas which included engaging in one or more physical activities for fun, selecting and attending community events, etc. However, his IPP stated "There are no priority needs in this area."</p> <p>- Community Participation: His CFA identified need areas which included ordering a meal in a restaurant, going into the appropriate restroom, etc. However, his IPP stated "[Individual #3] does not have any priority needs at this time."</p> <p>Individual #3's IPP did not include specific objectives to address the above noted needs. When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., Individual #3 did not have objectives or training plans to address the above noted needs.</p> <p>3. Individual #2's IPP, dated 3/1/09, documented a 22 year old male diagnosed with moderate mental retardation, cerebral palsy, and a seizure disorder. His IPP did not include specific objectives to address his identified needs as follows:</p> <p>a. Individual #2's 2/9/09 CFA identified several need areas for which no objectives were developed in his IPP. Examples included, but</p>	W 227			

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W 227	<p>Continued From page 43 were not limited to, the following:</p> <ul style="list-style-type: none"> - Home Safety: His CFA identified need areas which included telling someone where he was going, open the door only for familiar people, etc. However, his IPP stated there were no prioritized needs as "Most of the skills in this area are the responsibility of the staff." - Home Leisure: His CFA identified need areas which included completing a puzzle, following directions to complete a project, try new leisure activities at home, etc. However, his IPP stated "There are no needs in this area at this time." - Meal Planning and Preparation: His CFA identified need areas which included putting food in the refrigerator, washing and drying hands before handling food, etc. However, his IPP stated "There are no prioritized needs at this time." <p>b. Individual #2's IPP included an objective which stated he would come to the table to eat his meals. When asked, the FM stated during an interview on 3/18/08 from 8:45 - 9:50 a.m., coming to the table to eat was more of a choice for Individual #2 and that he usually arrived with 5 - 10 minutes. However, his IPP stated he required prompting to ask for food to be passed to him. His IPP did not contain a specific objective related to asking for food.</p> <p>c. Individual #2's Physical Therapy Evaluation, dated 2/21/08, stated he had a new arm brace but did not like to wear it. The therapist recommended he wear it for 1 hour each day and increase it by 15 minutes each month. Individual #2 did not have an objective to wear the brace.</p>			W 227			

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W 227	<p>Continued From page 44</p> <p>When asked how long Individual #2 was to wear the brace, the FM stated on 3/17/09 at 11:50 a.m., he was to wear it for 30 minutes a day.</p> <p>d. His Vocational Assessment, dated 6/10/08 stated he expressed no desire to work but if he did desire to pursue vocational interests, "it is recommended that the appropriate direction and supports are secured to ensure that he is given the most successful experience possible."</p> <p>Individual #2's IPP did not include the vocational evaluation information or interventions related to his lack of desire to work. When asked on 3/18/09 at 9:20 a.m., the QMRP stated Individual #2 did not have any vocational objectives.</p> <p>4. Individual #4's IPP, dated 10/23/08, documented a 28 year old male diagnosed with severe mental retardation, seizure disorder, and had a VNS (Vagal Nerve Stimulator). His IPP did not include specific objectives to address his identified needs as follows:</p> <p>a. Under the Socialization section of Individual #4's IPP, it stated he was able to make noises to get the attention of others and choose people he wanted to interact with.</p> <p>Individual #4's Speech Evaluation, dated 1/9/09, included a recommendation that staff should encourage him to "vocalize at times of alertness for needs and wants during an activity and/or mealtime."</p> <p>Individual #4's IPP was not updated to include the evaluation information and no specific objectives related to vocalizing his wants or needs could be found.</p>			W 227			

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W 260	<p>When asked, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., Individual #4's IPP had not been updated to include the evaluation information and Individual #4 did not have objectives developed for his socialization needs.</p> <p>483.440(f)(2) PROGRAM MONITORING & CHANGE</p> <p>At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure individuals' IPPs accurately reflected and respond to the individuals' needs for 4 of 4 individuals (Individuals #1 - #4) whose IPPs and evaluations were reviewed. This resulted in the individuals' needs not being met. The findings include:</p> <p>1. Individual #1's 4/1/08 IPP stated he was a 33 year old male diagnosed with severe mental retardation and spastic cerebral palsy.</p> <p>Individual #1's dietary note, dated 12/31/08, stated he had a significant weight loss of 7 pounds in the past month. The note stated his estimated caloric need was 2138 calories per day. The note recommended he receive 8 ounces of carnation instant breakfast in 2% milk each morning and that he receive 2% milk with all meals to increase his caloric intake. However, no information regarding his dietary status or the recommendation to increase his caloric intake was included in his 4/1/08 IPP.</p>	W 260			

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W 260	<p>Continued From page 46</p> <p>When asked about the recommendation, the QMRP stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., Individual #1's IPP had not been updated to include the evaluation information.</p> <p>2. Individual #2's 3/1/09 IPP stated he was a 22 year old male diagnosed with moderate mental retardation, cerebral palsy with spastic quadriparesis and seizure disorder.</p> <p>Individual #2's Physical Therapy Evaluation, dated 2/21/08, stated he had a new arm brace but did not like to wear it. The therapist recommended he wear it for 1 hour each day and increase it by 15 minutes each month. When asked how long Individual #2 was to wear the brace, the FM stated on 3/17/09 at 11:50 a.m., he was to wear it for 30 minutes a day.</p> <p>The facility failed to ensure Individual #2's IPP included information regarding his need to wear his arm brace.</p> <p>3. Refer to W227 as it relates to the facility's failure to ensure Individual #1 - #4s' IPPs were updated to include specific objectives based on their identified needs.</p>			W 260	<p>W260: The IPP for individuals in question have been updated to ensure that all needs and adjustments have been taken into account and implemented in a systematic fashion. Updates have included changes to diets and increased need for caloric intake. Addendums to the IPP have been added and Objectives put into place to ensure that the client needs have been effectively met. Each person's records were reviewed to ensure there were no needs identified by the comprehensive assessment which are not addressed through an objective. The QMRP with the Quality Assurance Manager and the nursing staff will meet monthly to ensure that current needs are identified for specific individuals and that identified needs have corresponding programmatic approaches applied to their Individual Program Plans. Full file review and subsequent IPP file reviews should be sufficient to update current documentation. Review with the Treatment Team will provide cross check. Full file review and subsequent IPP file review should be sufficient to update current documentation. Review with the Treatment Team will provide cross check. DOC: 4/20/09 Responsible: QMRP with QA Manager, and LPN</p>		
W 322	<p>483.460(a)(3) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure adequate</p>			W 322			

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W 322	<p>Continued From page 47</p> <p>general and preventative medical care was provided to 3 of 4 individuals (Individuals #1, #2, and #4) whose records were reviewed. This resulted in the potential for the individuals identified health needs to not be met. The findings include:</p> <p>1. Individual #1's 4/1/08 IPP stated he was a 33 year old male diagnosed with severe mental retardation and spastic cerebral palsy. His pharmacy review notes from 7/15/07 to 1/15/09 were reviewed and documented the following:</p> <p>7/15/07 - "Ranitidine stopped 5/15. Need new labs please."</p> <p>10/15/07 - "No medication changes or problems. Need baseline labs."</p> <p>1/15/08 - "Please get baseline labs. No medication changes or problems."</p> <p>4/15/08 - "No medication changes or problems this quarter. No labs."</p> <p>7/15/08 - "Still no baseline labs. No medication changes or problems."</p> <p>10/15/08 - "No labs. No medication changes."</p> <p>1/15/09 - "No new orders. No labs. No changes or problems."</p> <p>Individual #1's pharmacy reviews documented laboratory work had not been completed from 7/15/07 to 1/15/09. When asked, the LPN stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., Individual #1's lab work was obtained on 1/27/09.</p> <p>The facility failed to ensure Individual #1's baseline laboratory work was completed in a timely manner.</p> <p>3. Individual #4's IPP, dated 10/23/08,</p>	W 322	<p>W322</p> <p>Individuals in question have had lab work completed by the time of this survey response. Seizure protocols have been put into place and trained to both home and day program staff to meet the needs of the individuals. Programmatic responses to established needs have been applied to the individuals in question. Pharmacy updates have been obtained and filed.</p> <p>The annual IPP and overall file review will be completed to determine where preventative medical needs are not being addressed and will be corrected within 30 days.</p> <p>Qualified Mental Retardation Professional, Quality Assurance Manager, Management, Physicians, Pharmacy and Nursing Services will communicate, via nursing binder, in writing, at least quarterly to determine if there is adequate, and accurate documentation, to determine if there is a dual purposed medication and formulate a complete diagnosis representation to incorporate client need appropriately.</p> <p>QMRP, QA Manager, Nursing staff will review all files to determine where individual needs are not being addressed and corrected within 30 days. Issues discovered will be discussed and a corrective plan developed during the Treatment Team meeting weekly with Administrative assistance.</p> <p>DOC: 4/30/09 Responsible: QMRP with QA Manager, and LPN</p>		

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W 322	<p>Continued From page 48</p> <p>documented a 28 year old male diagnosed with severe mental retardation, seizure disorder, and he had a VNS. He attended a day program from 9:00 a.m. - 3:00 p.m., Monday through Friday.</p> <p>An observation was conducted at the day program on 3/16/09 from 12:05 - 1:10 p.m. During that time, Individual #4's program book was reviewed and contained an IPP dated 11/1/07. When asked, present staff stated the 11/1/07 IPP was the current IPP for Individual #4.</p> <p>Further, Individual #4's program book contained a protocol for his VNS titled "Guideline For Using The Magnet." His "Guideline For Using The Magnet", dated 6/11/04, stated staff were to place the magnet at the edge of the Pulse Generator at the beginning of a seizure and slowly move it across the Generator for 2-3 seconds. If there was no response, staff were to use the magnet again. If there still was no response, staff were to continue using the magnet every 15 seconds until the seizure stopped.</p> <p>An Incident Report, dated 3/4/09 at 10:20 a.m., documented Individual #4 stopped breathing for 45 seconds, turned blue, was limp and not responsive while at the day program. The Report stated the staff requested a co-worker stay with Individual #4 while she went to get help. The Report stated staff called the LPN who informed the staff that the incident was a seizure.</p> <p>However, Individual #4's Seizure Tracking Sheet for 3/4/09 at 10:20 a.m., showed his VNS was not used during the 45 second seizure. Additionally, Individual #4's Seizure Tracking Sheets, dated 1/09 from the day program, showed his VNS was not used during 6 of 21 seizures. His Seizure</p>			W 322			

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W 322	<p>Continued From page 49</p> <p>Tracking Sheets, dated 2/09, showed his VNS was not used during 2 of 25 seizures and stated "unknown" related to the use of his VNS during 2 additional seizures. His Seizure Tracking Sheets, dated 3/1/09 - 3/13/09, showed his VNS was not used during 3 of 11 seizures.</p> <p>During the above noted observation, the staff person working with Individual #4 stated she had worked at the day program for about 5 years. When asked about Individual #4's VNS, she stated she did not know what a VNS was. The staff stated a magnet was used when Individual #4 had a seizure and if the seizure did not stop, she was to repeat the process every 3 seconds it did. When asked, the staff stated she had not seen written instructions for the magnet. A second staff who worked with Individual #4 at the day program stated if Individual #4 had a seizure, the magnet was swiped and if the seizure did not stop, the process was repeated every 3 seconds until it did.</p> <p>When asked, the Day Program Coordinator, who was present during the observation, stated Individual #4 had a protocol for the VNS and proceeded to inform the survey team that it consisted of using the magnet every 3 seconds until the seizure stopped. When asked about the conflicting information (3 seconds versus 15 seconds), she stated they had a "verbal" protocol.</p> <p>When asked, the LPN stated on 3/17/09 at 1:50 p.m., Individual #4's 6/11/04 guidelines for the use of the magnet were accurate and staff were to wait 15 seconds if Individual #4's seizures continued. When asked about staff training, the LPN stated she had not trained the day program staff Individual #4's seizures or his guidelines for</p>			W 322			

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W 322	<p>Continued From page 50</p> <p>using the magnet. The LPN stated she was not aware day program staff were not consistently using the magnet and were not following his guidelines.</p> <p>2. Individual #2's IPP, dated 3/1/09, documented a 22 year old male diagnosed with moderate mental retardation, cerebral palsy, and a seizure disorder. Individual #2 attended a day program from 9:00 a.m. - 3:00 p.m., Monday through Friday.</p> <p>An Incident Report, dated 1/6/09 at 12:15 p.m., stated Individual #2 leaned to the left side of his wheelchair, was assisted to sit up, and went limp and leaned to the left side of his chair a second time. The report showed the staff person asked a second staff if Individual #2 had seizures and was told no. The second staff stayed with Individual #2 while the first staff called the FM. The second staff documented Individual #2 became stiff, his body jerked, and he made a "funny face."</p> <p>An observation was conducted at the day program on 3/16/09 from 12:05 - 1:10 p.m. During that time, Individual #2's program book was reviewed and contained an IPP dated 3/1/08. When asked, present staff stated the 3/1/08 IPP was the current IPP for Individual #2. Further, when asked, the staff person who was working with Individual #2 stated she did not know if he had seizures. The staff person stated if he did, it would be in his program book. The staff person stated she had not been trained on seizure disorders. A second staff person was interviewed and stated she had never seen Individual #2 have a seizure but she had been told he did. The second staff stated she had some "general" training on seizures about 5 or 6 years ago.</p>	W 322			

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W 322	Continued From page 51	W 322			
W 455	<p>The facility failed to ensure Individuals #1, #2, and #4 were provided with adequate general and preventative care to meet their health needs.</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to ensure infection control procedures were followed to prevent and control infection and/or communicable diseases for 4 of 6 individuals (Individuals #1, #2, #5 and #6) residing in the facility. This had the potential to provide opportunities for cross-contamination to occur between individuals, potential for individuals to contract preventable infections, and negatively impact their health. The findings include:</p> <p>1. During an environmental review on 3/17/09 from 10:15 - 11:30 a.m., the following concerns were noted:</p> <ul style="list-style-type: none"> - Individual #1's uncovered toothbrush was stored in a bin along with his toothpaste, hair gel, and a remote control for one of his stereos. - Individual #2's hygiene kit contained remnants of toothpaste. The kit contained 3 uncovered toothbrushes along with his hairbrush, comb and deodorant. - Individual #5's uncovered toothbrush and toothpaste were lying on the floor. He also had a 	W 455			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 455	<p>Continued From page 52</p> <p>bin which contained 3 uncovered toothbrushes along with 3 tubes of toothpaste, his hair gel, shaving gel, and his deodorant.</p> <p>- Individual #6's uncovered toothbrush was stored in a bin along with his toothpaste, hairbrush, comb, and body wash. The hair brush and comb were noted to contain dried flakes of skin.</p> <p>When asked, the FM stated during an interview on 3/18/09 from 9:50 - 11:30 a.m., the toothbrushes were not to be stored with other hygiene items.</p> <p>The facility failed to ensure infection control procedures were implemented.</p>	W 455	<p>W455:</p> <p>All resident personal care items have been stored in sanitary, airtight containers to minimize risk of cross contamination.</p> <p>The entire facility practice of securing hygiene products was addressed systematically to minimize risk of cross contamination. Monthly Facility Building Inspections will include evaluation of the overall care and storage method of resident hygiene products and correction of this identified need will be addressed at the time of the inspection.</p> <p>QMRP, QA Manager, Facility Manager, or Management will evaluate the facility monthly via Building Inspection, and impromptu Fidelity Check to ensure that all hygiene materials are stored in such a fashion that would minimize risk of cross contamination.</p> <p>Facility Manger will perform the facility monthly building inspection. QMRP, QA Manager, or Administrator will do random physical check and impromptu fidelity check to ensure that all hygiene materials are stored appropriately.</p> <p>DOC: 4/20/09 Responsible: QMRP with QA Manager, Facility Manager and Administrator</p>		

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MM207	16.03.11.075.13 Freedom of Association Freedom of Association. Each resident admitted to the facility must be permitted to associate and communicate privately with persons of his choice, and to participate in activities of social, religious, and community groups at his discretion, unless medically contraindicated as documented by his physician in his medical record. This Rule is not met as evidenced by: Refer to W136.	MM207	MM207 – see response for W136		
MM209	16.03.11.075.15 Right to Personal Items Right to Personal Items. Each resident admitted to the facility must be permitted to retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, and unless medically contraindicated as documented by his physician in his medical record. This Rule is not met as evidenced by: Refer to W137.	MM209	MM209 – see response W137		
MM231	16.03.11.080.03(a) Informed of Activities To be informed of activities related to the resident that may be of interest to them or of significant changes in the resident's condition; and This Rule is not met as evidenced by: Refer to W148.	MM231	MM231 - see response for W148		
MM276	16.03.11.100.05 (a)(i) Quantity of Linens The linen-laundry facility must: Have available at all times a quantity of linen essential to the proper care and comfort of residents. Linens must be handled, processed,	MM276			

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FACILITY STANDARDS

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

3BSH11

If continuation sheet 1 of 6

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MM276	Continued From page 1 and stored in a manner that prevents contamination and the transmission of infections. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the facility linens were stored in a sanitary manner 4 of 6 individuals (Individuals #1, #2, #4 and #5) residing in the facility. The findings include: An environmental survey was conducted on 3/17/09 from 10:15 - 11:30 a.m. and the following concerns were note: Individual #1's bedroom: - There were 5 unfolded blankets and 6 pillows piled on the bed. Individual #2's bedroom: - There was a pillow was on the floor. Individual # 4's bedroom: - There was a laundry bin in the closet overflowing with dirty cloths and 2 pillows were on the closet floor. Individual #5's bedroom: - There were 3 pillows, without pillow cases, were lying on the bed. The pillows were stained and brown.	MM276	MM276 Shift procedures have been put in place attention to our client rooms and their cleanliness. These procedures consist of a check off list that is completed at the end of each shift to ensure cleanliness and tidiness. This procedure also includes accountability to ensure these issues do not habitually occur once again. All client pillows have been checked for stains and replaced if needed. Once a month our client rooms will be checked for linen, pillows and clothes for integrity and hygienic purposes as a part of a monthly process using a check off list. DOC: 4/20/09 Responsible: Facility Manager with oversight from QMRP		
MM380	16.03.11.120.03(a) Building and Equipment The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance	MM380			

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MM380	<p>Continued From page 2</p> <p>of insects and rodents. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the facility was kept clean, sanitary, and in good repair for 6 of 6 individuals (Individuals #1 - #6) residing in the facility. The findings include:</p> <p>An environmental survey was conducted on 3/17/09 from 10:15 - 11:30 a.m. and the following concerns were note:</p> <p>Individual #1's bedroom: - The right closet door was missing. - There were clothes on the floor and under the bed. - The room was cluttered and in general disarray, with a guitar, a large suitcase and a Karaoke machine were stored behind the headboard of the bed, a large black suitcase next to the bed, and multiple stereos, a television, videos, and compact discs on the stand next to his bed.</p> <p>Individual #2's bedroom: - There was a rip in the mattress pad cover.</p> <p>Individual # 4's bedroom: - There was a laundry bin in the closet overflowing with dirty cloths.</p> <p>Individual #5's bedroom: - There was laundry bin in the closet that was overflowing with dirty cloths. - The desk was cluttered with empty soda cans, deodorant, glue, books and magazines, a ceramic duck, small plastic cow, fish tank, mirror, pajama bottoms, a towel, hand sanitizer, two pairs of headphones, and a large drinking glass.</p> <p>Individual #6's bedroom:</p>	MM380	<p>MM380</p> <p>All repairs and maintenance have been done. One closet door replaced and one client closet now has a curtain for easier access. A new bathroom cabinet has been installed. A new shower chair has been ordered. New hampers with lids have been purchased. Mattress covers have been replaced and the carpeting has been cleaned and also scheduled for a professional cleaning.</p> <p>Shift procedures have been put in place with attention to our client rooms and their cleanliness. These procedures consist of a check off list that is completed at the end of each shift to ensure cleanliness and tidiness. This procedure also includes accountability to ensure these issues do not habitually occur once again.</p> <p>All client pillows have been checked for stains and replaced if needed. Once a month our client rooms will be checked for linen, pillows and clothes for integrity and hygienic purposes as a part of a monthly process using a check off list. Additional instruction is in place to assist the clients in keeping their living spaces clean and tidy. Facility Manager monitor these items via building inspection.</p> <p>DOC: 4/20/09 Responsible: Facility Manager with</p>	

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MM380	Continued From page 3 - The plastic cover on his mattress and box springs was torn. - The room smelled of urine. Back bathroom: - The left face of the cabinet was missing. - There was approximately 8 inches of brown matter on the end of the seatbelt which was attached to the shower chair.	MM380		
MM537	16.03.11.210.01(b) Documentary Evidence Documentary evidence of the resident's progress and of his response to his habilitation program; This Rule is not met as evidenced by: Refer to W111.	MM537	MM537 - response for W111	
MM620	16.03.11.230.05(b) Upgrading of Competencies The upgrading of competencies to improve skills based on resident needs and corresponding staff expertise; and This Rule is not met as evidenced by: Refer to W189.	MM620	MM620 - response for W189	
MM724	16.03.11.270.01(a) Assessments As a basis for individual program planning and program implementation, assessments must be provided at entry and at least annually thereafter by an interdisciplinary team composed of members drawn from or representing such professions, disciplines or services areas as are relevant to each particular case. This Rule is not met as evidenced by: Refer to W225.	MM724	MM724 - response for W225	

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MM725	Continued From page 4	MM725	MM725 - response for W159		
MM725	16.03.11.270.01(b) QMRP The QMRP is responsible for supervising the implementation of each resident's individual plan of care, integrating the various aspects of the program, recording each resident's progress and initiating periodic review of each individual plan for necessary modifications or adjustments. This function may be provided by a QMRP outside the facility, by agreement. This Rule is not met as evidenced by: Refer to W159.	MM725			
MM729	16.03.11.270.01(d) Treatment Plan Objectives The individual treatment plan must state specific objectives to reach identified goals. The objectives must be: This Rule is not met as evidenced by: Refer to W227.	MM729	MM729 - response for W227		
MM735	16.03.11.270.02 Health Services The facility must provide a mechanism which assures that each resident's health problems are brought to the attention of a licensed nurse or physician and that evaluation and follow-up occurs relative to these problems. In addition, services which assure that prescribed and planned health services, medications and diets are made available to each resident as ordered must be provided as follows: This Rule is not met as evidenced by: Refer to W322.	MM735	MM735 - response for W322		
MM769	16.03.11.270.03(c)(vi) Control of Communicable Diseases and Infectio	MM769			

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MM769	Continued From page 5 Control of communicable diseases and infections through identification, assessment, reporting to medical authorities and implementation of appropriate protective and preventative measures. This Rule is not met as evidenced by: Refer to W455.	MM769	MM769 - response for W455		
MM859	16.03.11.270.08(f)(i) Supervision of Training and Habilitation Supervision of delivery of training and habilitation services integrating various aspects of the facility's program; and This Rule is not met as evidenced by: Refer to W120.	MM859	MM859 - response for W120		
MM861	16.03.11.270.08(f)(iii) Periodic Review Initiating periodic review of each individual plan of care for necessary modifications or adjustments. This Rule is not met as evidenced by: Refer to W260.	MM861	MM861 - response for W260		